## BLAINE YOUTH BASKETBALL EMERGENCY INFORMATION FORM (FORMS TO BE AVAILABLE IN EQUIPMENT BAG AT PRACTICES & TOURNAMENTS)

ADDRESS: ZIP TELEPHONE #: (HOME) (CELL) DATE OF BIRTH: (CELL) ADDE OF BIRTH: (CELL) DATE OF BIRTH: (CELL)	
CITY       ZIP         TELEPHONE #:       (HOME)	
(CELL) DATE OF BIRTH: PARENT/GUARDIAN: PARENT/GUARDIAN: HEALTH CARE CLINIC: HEALTH CARE CLINIC: DOCTOR'S NAME: CLINIC PHONE #: HOSPITAL PREFERENCE: EMERGENCY CONTACTS (WHEN PARENTS CAN NOT BE REACHED): NAME PHONE RELATIONSHIP TO	
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PARENT/GUARDIAN:	
HEALTH CARE CLINIC:	
DOCTOR'S NAME:	
CLINIC PHONE #:	
HOSPITAL PREFERENCE:	
EMERGENCY CONTACTS (WHEN PARENTS CAN NOT BE REACHED): NAME PHONE RELATIONSHIP TO	
NAME PHONE RELATIONSHIP TO	
	) PLAYER
NAME PHONE RELATIONSHIP TO	) PLAYER
ANY UNUSUAL HEALTH PROBLEMS (i.e. ALLERGIES, ASTHMA, MEDIC	CATIONS)

## IN CASE OF EMERGENCY, I HEREBY AUTHORIZE MY CHILD TO BE TREATED BY CERTIFIED EMERGENCY PERSONNEL (i.e. EMT, FIRST RESPONDER, E.R. PHYSICIAN)

SIGNATURE OF PARENT/GUARDIAN:	