

PLAYER EMERGENCY INFORMATION SHEET

Team Name:		Coach's Name:			
Player's Name:		Date of Birth:			
Address:					
Parent/Guardian #1:		Home:	Business:	Cellular:	Email:
Address:					
Parent/Guardian #2:		Home:	Business:	Cellular:	Email:
Address:					
Player is permitted to leave practice on own: Yes: No: (check one)		Persons permitted to pickup player from practice/game (in addition to Parent/Guardian):			
Player is permitted to leave game on own: Yes: No: (check one)		Name:	Phone:		
		Name:	Phone:		
Family Doctor's Name:		Telephone:			
Drug Allergies:		Other Allergies (e.g.: bee sting, dust, nuts)			
Health Conditions or Disease:		Care Card #:			
Medications Taken:		Contact Lenses worn:			
Other information we should be aware of (e.g. previous concussions or other injuries):					
Signature (Parent/Guardian #1):		Date:			
Signature (Parent/Guardian #2):		Date:			