

Medical Information Form

When you registered your child for sports, you authorized your child's coach to act on your behalf in the event emergency medical treatment is needed and you cannot be contacted. To further assist us in ensuring the well-being of your child, we would appreciate you taking a minute to complete the information below.

Child's Name: _____

Please provide specific facts concerning the child's medical history including food, insect and other allergies, medications being taken, recent injuries, chronic illness and/or any other condition that a physician should know about:

Please include the name and emergency phone number of another point of contact in addition to the one listed on the registration form: In the event of an emergency, we prefer to have the opportunity to talk with someone versus leaving a voice mail.

(Please Print)

First Name	Last name	Day Phone #
------------	-----------	-------------

Please designate below who is authorized to pick up your child each day. In the event of any changes, please contact us immediately.

(Please Print)

First Name	Last name	Day Phone #
------------	-----------	-------------

First Name	Last name	Day Phone #
------------	-----------	-------------

First Name	Last name	Day Phone #
------------	-----------	-------------

First Name	Last name	Day Phone #
------------	-----------	-------------

Please return this completed form before practices begin.