

Player Index Letter



EMERGENCY MEDICAL FORM

Parents: It is very important that you complete the form below.

Does your child have any dangerous medical conditions that we should know about (e.g., asthma)?

If yes, please list below. Also, please sign to authorize emergency treatment.

1. Child's Name: _____

2. Contact Phone Numbers:

- Tel No. : _____
- Cell No.: _____
- Pager: _____

3. Health Card No.: _____

4. Dangerous Medical Conditions: _____

5. Is there anything a Doctor should know (e.g. drug allergies)?

