

**EMERGENCY INFORMATION**

**SOCCER**

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONES \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED, NOTIFY:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_

KNOWN ALLERGIES \_\_\_\_\_

The team physician, trainer, and coach may apply first aid treatment until the family doctor can be contacted.

YES \_\_\_\_\_ NO \_\_\_\_\_

We give our consent for coaches, trainers, and team physician to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached. YES \_\_\_\_\_ NO \_\_\_\_\_

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_