

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 _____

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