



**Medical Information and Emergency Consent Form**  
**RETURN THIS TO YOUR TEAM MANAGER FOR HIS/HER RECORDS**

NAME OF PLAYER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

FATHER/GUARDIAN DAY PHONE #: \_\_\_\_\_

EVENING PHONE #: \_\_\_\_\_

MOTHER/GUARDIAN DAY PHONE #: \_\_\_\_\_

EVENING PHONE #: \_\_\_\_\_

IN CASE OF EMERGENCY, AND PARENT/GUARDIAN CANNOT BE REACHED,

CONTACT (NAME): \_\_\_\_\_

RELATIONSHIP TO PLAYER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF FAMILY DOCTOR: \_\_\_\_\_

PHONE # OF DOCTOR: \_\_\_\_\_

IF INJURED, PREFERRED HOSPITAL: \_\_\_\_\_

KNOWN ALLERGIES OF PLAYER: \_\_\_\_\_

OTHER IMPORTANT MEDICAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

**Consent Statement:**

As the parent and/or legal guardian who is responsible for this player, by signing below, I give my consent for them to receive first aid at games and practices. Furthermore, I give my consent for the manager or coaches to use their judgment in obtaining medical emergency personnel and ambulance transportation in the event that I am not at the game or cannot be contacted.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date