



Emergency Care Permission Form

Please fill out this form and give it to your coach. Coach will have in possession at all practices and games

| | | | |
|---|-----------------------|------------------|---|
| Child's Full Name: _____ | | | |
| | <i>Last</i> | <i>First</i> | <i>M.I.</i> |
| Birth Date: | / / | Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Medical Information: | | | |
| Please list any medical conditions your child may have: | | | |
| _____ | | | |
| Please list any medications your child may be taking: | | | |
| _____ | | | |
| Please list any allergies your child may have: | | | |
| _____ | | | |
| Current Address: | | | |
| | <i>Street Address</i> | | <i>Apartment/Unit #</i> |
| | <i>City</i> | <i>State</i> | <i>ZIP Code</i> |
| Home Phone: | () | Alternate Phone: | () |
| E-mail: _____ | | | |

In the Event of an Emergency Please Notify:

| | | | |
|---------------------|-----------------------|----------------|-------------------------|
| Name: _____ | | | |
| | <i>Last</i> | <i>First</i> | <i>M.I.</i> |
| Address: _____ | | | |
| | <i>Street Address</i> | | <i>Apartment/Unit #</i> |
| | <i>City</i> | <i>State</i> | <i>ZIP Code</i> |
| Phone (day): | () | Phone (night): | () |
| E-mail: _____ | | | |
| Relationship: _____ | | | |

| | | | |
|---------------------|-----------------------|----------------|-------------------------|
| Name: _____ | | | |
| | <i>Last</i> | <i>First</i> | <i>M.I.</i> |
| Address: _____ | | | |
| | <i>Street Address</i> | | <i>Apartment/Unit #</i> |
| | <i>City</i> | <i>State</i> | <i>ZIP Code</i> |
| Phone (day): | () | Phone (night): | () |
| E-mail: _____ | | | |
| Relationship: _____ | | | |

| |
|--------------|
| Notes: _____ |
| _____ |
| _____ |

Contact the commissioner after any emergency