



## Emergency Contact and Medical Release Form

Your coach will rely on this information to contact you should your child be injured or become ill at a practice or game.

**Player:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Team:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Parent or Guardian Authorization:** In case of emergency, I authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and E.R. Physician)

In case of emergency contact: **Include all phone numbers with area code**

Name	Phone numbers (home & cell)	relationship to player
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Please list any allergies/medical problems, including those requiring; maintenance medication (i.e. diabetic, asthma, seizure disorder). The purpose of this information is to ensure any medical personnel have details of any medical problem which may interfere with or alter treatment. Please be sure to include any food allergies. This may impact any snacks or treats given to the team after games (i.e. peanuts or milk products).

Medical Diagnosis	Medication	Dosage	Frequency of dosage

Date of last Tetanus booster: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Authorized Parent/Guardian**