

Emergency Card

Player _____

Mother's Name _____

Father's Name _____

Phone _____

Cell _____

E-Mail _____

If parents cannot be reached, please contact

Name	Relation	Phone
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Child's Doctor _____ **Phone #** _____

Child's Dentist _____ **Phone #** _____

Hospital Choice _____ **Phone #** _____

Please indicate any allergies, medical problems and special instructions for emergency care for your child.

Insurance Company _____ **Policy #** _____

Subscriber's Name _____ **Phone #** _____

Subscriber's Place of Employment _____

I, _____, hereby authorize any physical member of a state licensed emergency medical facility to provide emergency care for

_____ **Childs name**

_____ **Parent / Guardian Signature**

_____ **Date**