

Bear River Recreation and Park District

Emergency Medical Information

This form should be in the possession of the coaching staff at all practices & games

Player's Name: _____

Gender _____

Age: _____ Date of Birth: _____ List of Allergies: _____

Address: _____

City: _____

Home Phone: _____

Mobile Phone: _____ Current Medications: _____

Mother or Guardian: _____

Mother's daytime phone: _____

Father or Guardian: _____

Father's day-time phone: _____ Additional Comments: _____

Family Physician: _____

Physician's Phone: _____

Insurance Company: _____

Policy Number: _____

Whom else may we contact? _____

Phone: _____

Parental or Guardian Consent for Coach

In the event of an emergency, when the coach believes medical attention may be required, I/We grant permission to the coach or his/her designee to call for an ambulance and/or to give consent to any medical diagnosis or treatment by a licensed physician.

Parent/Guardian Signature _____