

CLIFTON AMERICAN DIVISION

2009 Player Emergency Medical Information

To Parents/Guardians: This information is required in the event that an emergency occurs during the season involving your child when you are not present. All information will remain confidential.

PLAYER'S NAME _____ AGE _____ WEIGHT _____

STREET _____ CITY _____ STATE _____ ZIP _____

PARENT(S) OR GUARDIAN(S) NAMES _____

**PARENT(S)/
GUARDIAN(S)
PHONE
NUMBERS**

Home Phone: _____ - _____
 Work Phone: _____ - _____
 Work Phone: _____ - _____
 Cell Phone: _____ - _____
 Cell Phone: _____ - _____

**PRIMARY
EMERGENCY
CONTACT**

Name: _____
 Relationship: _____
 Home Phone: _____ - _____
 Work Phone: _____ - _____
 Cell Phone: _____ - _____

**SECONDARY
EMERGENCY
CONTACT**

Name: _____
 Relationship: _____
 Home Phone: _____ - _____
 Work Phone: _____ - _____
 Cell Phone: _____ - _____

**CHILD'S
PHYSICIAN**

Name _____
 Phone: _____ - _____

1. Does your child have any allergies to food, medications, insects, or seasonal allergens?
 If so, please list:

2. Does your child have a specific medical condition (i.e., Asthma, Diabetes, etc.) or any
 other condition/limitation that you feel is important for us to know? If so, please list:

3. Please list any medications your child is currently taking:

Use the reverse for any additional information. _____ Signature of Parent/Guardian Date