

CLIFTON AMERICAN DIVISION

2010 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