

SPORT EMERGENCY FORM

Child's Name _____ Age _____

Address _____ Phone _____

Child's Physician _____ Phone _____

Does your child have allergies and/or special needs? Yes _____ No _____

If yes, please explain _____

Father's Name _____

Home Address _____ Phone _____

Business Name _____ Phone _____

Mother's Name _____

Home Address _____ Phone _____

Business Name _____ Phone _____

In case of emergency, please notify:

Name(s) _____ Phone _____

_____ Phone _____

The following person(s) may not pick up my child/ren:

Name(s) _____

Medical Permission Slip

In case of a medical emergency, I hereby give permission to have my child transported to a doctor or hospital for proper treatment with the understanding that I will be contacted as soon as is reasonably possible.

Date

Father's/Mother's Signature