

# Emergency Information

## EMERGENCY INFORMATION & CONSENT (ONE FOR EACH ATHLETE)

Athlete's Name : \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Father's  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Mother's  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Family Medical Insurance:

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Policy  
#: \_\_\_\_\_ Group#: \_\_\_\_\_

Family Physician's  
Name: \_\_\_\_\_

Physician's Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Allergies (list):  
\_\_\_\_\_

Serious medical conditions (list):

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I/we hereby grant consent to any and all health care providers designated by: MVCA to provide my child \_\_\_\_\_ (name) any necessary medical care as a result of any injury/illness.

This consent includes first aid and transportation to/from health care providers.

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Father's signature and date

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Mother's signature and date