



WJFL
Emergency Medical Information
T-Birds
 Team

Player: _____ **Birthdate:** _____
Last Name First Middle City State Zip

Address: _____
Apt.# City State Zip

Parent(s)/ Guardians(s) with whom player is living:

(circle) Father-Mother-Guardian

Name: _____ (_____) _____
Last Name First Middle Phone

(circle) Father-Mother-Guardian

Name: _____ (_____) _____
Last Name First Middle Phone

Dependable relatives or neighbors to call in an emergency:

1. _____
Name Phone Relationship

2. _____
Name Phone Relationship

List of Known medical problems: _____

Physician: _____ (_____) _____
Name Phone

Dentist: _____ (_____) _____
Name Phone

Hospital: _____ (_____) _____
Name Phone

**If a medical emergency occurs which requires immediate attention,
 Please take the necessary steps to aid my child (see back of form).**

Parent/Guardian Signature Date

Print Name

PARENTS/GUARDIANS ARE ASKED TO FILL OUT AND SIGN PART 1 OR PART 2

Part 1: Grant to Consent

I hereby give consent for the medical care providers and local hospital listed on the front of this form to be called. In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by those doctors, or, in the event the designated preferred practitioner is not available, by any other licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and physical impairments to which a physician should be alerted:

Parent/Guardian Signature

Date

Part 2: Refusal to Consent

I DO NOT give consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the team authorities to take the following actions:

Parent/Guardian Signature

Date