

WJFL EMERGENCY MEDICAL INFORMATION
BEDFORD LIONS

Player: _____ Birthdate: _____
Last Name First Middle Phone Number

Address: _____
Apt# City State Zip Code

Parent(s)/Guardian(s) with whom the player is living with:

(CIRCLE) Father – Mother – Guardian

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

(CIRCLE) Father – Mother – Guardian

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

Dependable relatives or neighbors to call in an emergency:

1. _____ () _____
Name Phone number Relationship

2. _____ () _____
Name Phone number Relationship

List of known medical problems: _____

Physician: _____ () _____
Name Phone Number

Dentist: _____ () _____
Name Phone Number

Hospital: _____ () _____
Name Phone Number

If a Medical emergency occurs which requires immediate attention, please take the necessary steps to aid my child (see below).

Printed Name Signature Date

Parents/Guardians are asked to fill out and sign Part 1 or Part 2.

Part 1: 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 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 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 dentists 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 or guardian Signature Date

PART 2: Refusal to Consent.

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

Parent or Guardian Signature Date