

PWSI EMERGENCY INFORMATION SHEET

Player's Name	DOB	
Mother's Name	Occupation	
Home Phone	Work Phone	ext.
Father's Name	Occupation	
Home Phone	Work Phone	ext.

E-Mail #1 for communication (i.e., game changes/club info.)

E-Mail #2 (work or home – optional)

Family Physician	Phone
Emergency Contact	Phone

List any Allergies or Medical Problems:

Insurance Carrier	Policy Number
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As parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Signature of Parent/Guardian

Date Signed .

COACH: This form should be filled out by a parent/guardian for each player on your team. This form should be maintained by the coach and in his possession at all practices and games.