

| PLAYER | INFORMATIO | ON | | |
|--|--|---|---|--|
| Name: | | Last | CareCard: | |
| Birthdate: | | | Home Phone: | |
| Diffidate. | MM/DD/YYYY | | . Home Fhone. | |
| Doctor: | | | Doctor Phone: | |
| PARENT | (S)/GUARDIA | AN(S) | | |
| Name: | | Last | Relationship: | (to above player) |
| Home: | | Last Cell: | | (to above player) |
| | | | | |
| Name: | First | Last | Relationship: | (to above player) |
| Home: | | Cell: | | |
| | | if the above parent(s)/guardian | | |
| l | First | Last | | (to above player) |
| Home: | | Cell: | | |
| Asthma □ Blackouts or Co | Diabetes ☐ oncussions ☐ | Ç | nest Pain □ F eizures □ | dearing Problems 🗖 |
| Please list any | prescribed medica | tions, allergies, recent injuries | or hospitalization | s, and any other important information: |
| | | | | cal examination: ore participating in any football program |
| soon as possib deemed neces necessary trea medical staff, a | le, and that in the sary. I hereby authority of my childetect.) as deemed ne | event no one can be contacted, othorize the physicians and n | team managemoursing staff to use of this informatent. | of any change in the above information a ent will take my child to a hospital/doctor i undertake examination, investigation and ion to appropriate people (coach, trainer |
| Signature of Pa | arent/Guardian: _ | | | Oate: |