

# Football Emergency card

Player Name: \_\_\_\_\_ DOB \_\_\_\_\_

## First Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Cell #: \_\_\_\_\_

## Second Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Cell #: \_\_\_\_\_

## Third Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Cell #: \_\_\_\_\_

## Fourth Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # \_\_\_\_\_ Cell #: \_\_\_\_\_

Past medical history (any prior injuries, surgeries, etc.):

Medications ~ list all and how often:

Allergies:

Medications    Yes    No:    List if Yes:

Foods            Yes    No:    List if Yes:

Bee Stings      Yes    No      Does the player use an Epi Pen

Other ~ Please explain:

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_