



CMFSC PLAYER EMERGENCY FORM

If a player is injured and needs to be transported to a hospital, it will be useful in certain cases if pre-existing medical information and condition is known to hospital staff.

Players Name:	Date of Birth (mm/dd/yyyy):
Address:	
Telephone:	Health Ins #:
Guardian 1 Name:	Guardian 1 Cell:
Guardian 2 Name:	Guardian 2 Cell:
Guardian 1 Email:	Guardian 2 Email:
Emergency Contact:	Emergency Contact Number:
Family Doctor:	Telephone:

Are you allergic to any drugs. If so, what?:
Do you have any allergies?:
Do you suffer from any serious illness (please check):
1. Asthma _____ 2. Diabetes _____ 3. Epilepsy _____ 4. Other _____
Are you on any regular medication?:
Have you ever had a serious injury?:
Please list any other health problems or relevant information:
Signature:
Date:

