



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 #:
Mothers Name:	Mothers Cell:
Fathers Name:	Fathers Cell:
Mothers Email:	Fathers 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:

