

**COACH, PLEASE KEEP THIS WITH YOU AT ALL TIMES**

**BULLOCK CREEK ATHLETIC DEPARTMENT  
EMERGENCY MEDICAL INFORMATION**

NAME (PRINT) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**PARENT CONTACT :**

FATHER PHONE # \_\_\_\_\_ MOTHER PHONE # \_\_\_\_\_

Email: \_\_\_\_\_ email: \_\_\_\_\_

IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED:

NOTIFY: \_\_\_\_\_ AT \_\_\_\_\_  
(Name) (Phone Number)

FAMILY DOCTOR: \_\_\_\_\_ DR.'S PHONE \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_

KNOWN ALLERGIES \_\_\_\_\_

ANY EXISTING MEDICAL CONDITIONS AND/OR CONCERNS: \_\_\_\_\_

\_\_\_\_\_

THE TEAM PHYSICIAN, TRAINER, AND COACH MAY APPLY FIRST AID TREATMENT UNTIL THE FAMILY DOCTOR CAN BE CONTACTED: (CHECK ONE) YES \_\_\_\_\_ NO \_\_\_\_\_

WE GIVE OUR CONSENT FOR COACHES, TRAINERS, AND TEAM PHYSICIANS TO USE THEIR OWN JUDGEMENT IN SECURING MEDICAL AID AND AMBULANCE SERVICE IN CASE THE PARENTS CANNOT BE REACHED: (CHECK ONE) YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)