

**MEDICAL AND EMERGENCY
CONTACT INFORMATION
CONFIDENTIAL**
(To be kept on file by a DCS coach or manager)

Player Name: _____

Address: _____

Postal Code: _____ Phone: _____

Birthdate (mm/dd/yy): _____ Care Card #: _____

Parent/Guardian Names: _____

Address (if different from above): _____

Mother Phone #s home: _____ work: _____ cell: _____

Father Phone #s home: _____ work: _____ cell: _____

Contact Persons (if parent unavailable):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Physician's Name: _____ Phone #: _____

Medical Factors: (including ongoing illnesses or conditions i.e. asthma, diabetes, heart disease, epilepsy, headaches, etc.): _____

Recent injuries or surgery (please include dates): _____

Allergies: _____

Current medications and/or treatments: _____

Other Comments: _____

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____