

WILLIAMSBURG JUNIOR ATHLETIC ASSOCIATION

EMERGENCY MEDICAL INFORMATION FORM

(PLEASE PRINT)

NAME: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ ALTERNATE PHONE #: _____

SCHOOL: _____ *GRADE: _____

*CHILD WILL BE IN THIS FALL

EMERGENCY INFORMATION:

PARENT/ GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ WORK / CELL PHONE #: _____

ALTERNATE EMERGENCY PERSON: _____

PHONE #: _____ WORK / CELL PHONE #: _____

PHYSICIAN: _____ PHONE #: _____

THE FOLLOWING INDIVIDUAL OR FAMILY TYPE OF INSURANCE COVERS MY CHILD: _____

DENTIST: _____ PHONE #: _____

HOSPITAL PREFERENCE: _____

THE _____

ANY HEALTH PROBLEMS THAT THE COACH NEEDS TO BE AWARE OF:

ANY KNOW ALLERGIES: _____

ON ANY MEDICATION: _____

DATE OF LAST TETANUS SHOT: _____

OTHER PERTINENT INFORMATION: _____

PERMISSION IS GRANTED TO CALL THE ABOVE INCASE OF ANY MEDICAL EMERGENCY

PARENT/GUARDIAN/SIGNATURE: _____ DATE: _____