

ALL 4 THE KIDS SPORTS YOUTH FOOTBALL HEALTH INFORMATION

Child's Name _____

Birth Date _____ Sex: M _____ F _____

Address _____

City/State _____ Phone _____

e-mail _____

Mother's name & address _____

Mother' home phone _____ Mother's work phone _____

Father's name & address _____

Father's home phone _____ Father's work phone _____

If an emergency situation occurs an ambulance will be called and your child will be transported to a medical facility. The EMS staff will transport your child to the hospital you've indicated if their conditions permit. In case you cannot be reached, please indicate alternative people who may be contacted.

Emergency contact name _____ Relationship _____

Address _____ Phone _____

Emergency contact name _____ Relationship _____

Address _____ Phone _____

Hospital Choice _____ Physician _____

Phone _____

Name of health insurance carrier _____

Subscriber # _____ File# _____ Effective date _____

Does your child currently take any medication? ___yes ___no

If yes, please list

EMERGENCY TREATMENT RELEASE: I hereby authorize the staff of the All 4 the Kids Sports (coach, etc.) to provide and secure any medical assistance on behalf of my son/daughter. I further authorize these individuals to discuss my son's/daughter's medical condition with other health care personnel, which the A4tKS deems appropriate. This authority is granted only after a reasonable effort has been to reach me. I agree to assume responsibility for expenses incurred in the handling of this emergency. I do hereby indemnify and hold harmless the Department and entities and other persons who act in reliance upon this authorization.

Signature of Parent or Guardian

Date