

Medical Emergency Contact Information

Date: _____

To: [Coach/Team Manager Name]

From: [Your Name]

Emergency Contact Details

Player Name: _____

Player Age: _____

Team Name: _____

Primary Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Alternative Phone Number: _____

Secondary Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Alternative Phone Number: _____

Medical Information

Allergies: _____

Medical Conditions: _____

Current Medications: _____

Authorization

I hereby authorize the coach or team manager to seek medical attention for my child in case of an emergency.

Signature: _____

Date: _____