



Emergency Information Form 2009

PLEASE PRINT CLEARLY

Player's Full Name: _____

Mother/Guardian Name: _____

Address: _____

E-Mail Address(s): _____

Mother/Guardian's Home Ph# _____ Cell Ph# _____ Work Ph# _____

Father/Guardian Name: _____

Address: _____

E-Mail Address(s): _____

Father/Guardian's Home Ph# _____ Cell Ph# _____ Work Ph# _____

In case of emergency, contact (other than parent/guardian) _____

Relationship to Child: _____ Phone#s: _____

Physician Name: _____ Phone#s: _____

Hospital of choice: _____

Dentist Name: _____ Phone#s: _____

Insurance Company Name: _____ Policy #: _____

Any known allergies, conditions or reactions to medications: _____

Any known medical conditions coaches, physicians, etc.. should know about:

I hereby give my consent in the event of a medical emergency, when I, or my emergency contact, cannot be reached, for the coach or person in charge to obtain necessary medical treatment for the above named player. The authorization includes my consent for the above child to receive emergency medical treatment by on field coaches, trainers, EMS providers, physicians and hospital personnel. I understand that any expense incurred for proper medical treatment is the responsibility of the child's parents/guardians.

I grant permission for my child to be included in pictures taken of activities for the use of PYFL publications and/or news media.

Signature of Parent/Guardian Signature of Parent/Guardian

SEND COMPLETED FORM with Registration, Child/Parent Agreement & Registration Fee (checks payable to PYFL)

to: **Portland Youth Football, PO Box 8524, Portland, Maine 04104**
Contact **Chip Martin** 207 415-3877 or dmartin7@maine.rr.com