

# EMERGENCY HEALTH FORM

## Allen Park Public Schools

Players Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (Zip)

Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_

Fathers Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mothers Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

If neither parent is available, please contact \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

Please note medication taken, allergies, etc. \_\_\_\_\_

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PARENTS - Please sign under ONE of the following statements:

1. In case of an emergency, when authorized noted people above cannot be reached, team personnel have my/our permission to take whatever action is reasonable and appropriate under the circumstances for the welfare of my/our child

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

2. In case of an emergency, when authorized noted people above cannot be reached, team personnel are neither to render nor arrange for medical treatment other than first aid.

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date