



**DELHI TOWNSHIP PARKS AND RECREATION
EMERGENCY MEDICAL FORM**

PLAYER'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____
STREET CITY ZIP

HOME PHONE: _____

IN CASE OF AN EMERGENCY CONTACT:

NAME HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

RELATIONSHIP

OR

NAME HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

RELATIONSHIP

PHYSICIAN'S NAME: _____ PHONE: _____

MEDICAL INSURER: _____

IN THE EVENT OF A MEDICAL EMERGENCY, PLEASE INDICATE WHAT ACTION YOU WISH TAKEN AND IN WHAT ORDER:

WHAT IS YOUR PREFERENCE OF HOSPITALS? _____

KNOWN ALLERGIES, MEDICATIONS, MEDICAL CONDITIONS, OR ANY OTHER PERTINENT INFORMATION ABOUT YOUR CHILD THAT HIS/HER COACH SHOULD BE AWARE OF:

SIGNATURE OF PARENT/GUARDIAN

DATE