



PLAYER INFORMATION SHEET FOR EMERGENCY PURPOSES:

Please print clearly:

Player name: _____

Parent(s) first and last name(s): _____

*Player primary address w/postal code: _____

*Player primary phone number: (H) _____ (W) _____ (C) _____

*Primary email address for soccer communication: _____

Player date of birth (example – July 1, 1998): _____

MH# 6 digits: _____ MH# 9 digits: _____

List allergy information: _____

Does player carry an Epi-pen: _____ Inhaler: _____ Other: _____

List important medical info: _____

Emergency contact name and number: _____

NOTE: the intention of this document is to collect important information about the player in case of a medical emergency. It is kept in confidence and is destroyed at the end of the soccer season if a player does not return to the team.

A secondary parent name, address w/postal code & email address can be listed on the reverse side (if required).

Parent signature: _____