

Attachment A

ATHLETIC EMERGENCY FORM

(To be completed and signed by the athlete's parent or guardian)
(RETURN TO THE _M-T Cardinals Youth Football, Inc. ____)

Student's Name _____ Date of Birth: _____

Student's Address _____ City: _____

Parent (Guardian) Name _____

Home Phone _____

Work Phone (Father) _____ Work Phone (Mother) _____

In case of emergency and the absence of parent/guardian, please list two people you recommend we call:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

List any known allergies

List any medications student is taking _____

List any physical disabilities _____

Name of Medical Insurance Company or Plan

Additional Comments _____

Insurance Policy Numbers _____

Is the above listed considered a Health Maintenance Organization (HMO)? Yes _____ No _____

If yes, what is your primary care facility _____

I hereby authorize the staff of the Aurora Sports Medicine to provide and secure any medical assistance on behalf of my son/daughter. I further authorize these individuals to discuss my son/daughter's medical condition with other health care personnel, which the medical staff deems appropriate.

I do hereby indemnify and hold harmless the Department and entities and other persons who act in reliance upon this authorization.

Parent/Guardian Signature: _____ Date: _____