

# WYF 2018 Emergency Information Form

*All Players Must Complete and Submit this Form Online. If severe limitations exist, please complete a hard copy of the form and submit it at Equipment Distribution*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade 18/19 \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Nanny/Babysitter: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

## Child's Medical Information

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Town: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Town: \_\_\_\_\_

## Allergies: (List & Note Reaction)

Food: \_\_\_\_\_

Bee Stings: \_\_\_\_\_

Environmental (including pets): \_\_\_\_\_

Sensitivity to Medications: \_\_\_\_\_

List Allergy Medications: \_\_\_\_\_

## Known Health Conditions: (List Limitations)

Asthma: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Seizures: \_\_\_\_\_

Other: \_\_\_\_\_

*In the event that I cannot be reached, I authorize the following persons to act on my behalf for the care and transportation of my child; and Wilton Youth Football volunteers have my permission to contact these people:*

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

*If I cannot be reached in an emergency, I authorize Wilton Youth Football volunteers to act on my behalf, administer First Aid and to obtain emergency medical treatment for my child.*

\_\_\_\_\_  
Date Signature of Parent or Guardian