



Green Bay Westside Youth Baseball League



Emergency Contact and Medical Information for a Child

_____		_____		M	F
Child's Name		Date of Birth		Sex	
_____			_____		
Parent's/Guardian's Name			Parent's/Guardian's Name		
_____		_____		_____	
Home Phone	Work Phone	Home Phone	Work Phone		
_____			_____		
Address			Address		
_____			_____		
City, ST ZIP Code			City, ST ZIP Code		

Alternative Emergency Contacts

_____		_____	
Primary Emergency Contact		Secondary Emergency Contact	
_____		_____	
Home Phone	Work Phone	Home Phone	Work Phone
_____		_____	
Address		Address	
_____		_____	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
_____	_____
Insurance Company	Policy Number
_____	_____

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____	_____
Parent's/Guardian's Signature	Date