

WYF 2017 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 17/18 _____

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