



Foothills
Park & Recreation District

EMERGENCY INFORMATION FORM

Player's Name: _____

Birth date: _____ Age: _____

Address: _____

City: _____ Zip: _____

Please list any medications, allergies, chronic illness or physical problems:

In case of an accident, injury or emergency, it is necessary for the District to know your preference for the care of your child. Please list 4 choices:

Parent/Guardian _____

Phone 1: _____ Phone 2: _____

Relative/Friend _____

Phone 1: _____ Phone 2: _____

Other Reference _____ Phone: _____

Child's Physician or Doctor _____ Phone: _____

Consent for Medical Treatment (minor)

As a parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given whenever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent's Signature: _____ Date: _____

Coaches: You may want to consider the use of this information card so that in the event of an injury or emergency you can quickly contact the appropriate person. This form is an encouraged guideline and is not mandatory.