

VILLAGE OF GREENWOOD LAKE

MEDICAL INFORMATION – GIRLS SOFTBALL

Player name: _____

Date of birth: _____

Parent or Guardian Authorization

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____

Phone: _____

Address: _____

Hospital
Preference: _____

In Case of Emergency Contact:

Name	Phone	Relationship to player
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Name	Phone	Relationship to player
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Please list any allergies, medical conditions or medications
