



Coastal Premier Field Hockey Medical History and Insurance

This form is intended to be used as a resource for emergency responders should the below listed athlete become involved in an accident or serious injury.

Player Information

Full Name: _____ Date: _____
Birth Date: _____

Emergency Notification

Parent(s)/Guardian Name: _____ Home Phone: _____
Cellular Phone: _____ Work Phone: _____
Home Address: _____
Physician Name: _____ Office Phone: _____

Insurance Information

Name of insurance company: _____
Identification number: _____ Group number: _____
If your insurance is an HMO, please provide the telephone number for authorization of emergency treatments;

MEDICAL INFORMATION

Please list any information that you feel becomes relevant to your care should you be involved in an accident or serious injury. If you need additional space to explain, please use the back of this form.

1. ANY ALLERGIES including insects & food: _____
2. CURRENT MEDICATION(S) BEING TAKEN; _____
AND FOR WHAT CONDITION: _____
- HISTORY OF ASTHMA, DIABETES, HEART MURMUR, SEIZURES, FAINTING, etc:
 YES NO IF YES, PLEASE EXPLAIN: _____
4. HAVE YOU EVER HAD SURGERY / MEDICAL ILLNESSES: YES NO
IF YES, PLEASE EXPLAIN: _____

I understand that for an emergency that requires hospitalization or emergency care, efforts will be made to contact the emergency contact(s). In the event they cannot be reached, permission is hereby given to the physician selected by representatives of Coastal Premier Field Hockey (coach, volunteer, or league officers) to do what is medically necessary, if and as needed.

I have read the above and understand and agree to these conditions and terms for my child.

Date: _____ Signature of Parent/Guardian: _____