



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

NOTE: This information is only used in the event the parent is not present at a practice or tournament.

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I ACKNOWLEDGE that my daughter is in good physical condition and mental health, and not suffering from any condition, disease or disablement which would or could potentially affect participating in Purple Aces activities. I UNDERSTAND AND ACKNOWLEDGE that it is my responsibility to inform Purple Aces coaches of any health conditions which would or could affect participation prior to any participation.

I HEREBY give my consent for emergency medical care provided by a Doctor of Medicine, Doctor of Dentistry or other medical or urgent care personnel. This care may be given under whatever conditions are considered necessary to preserve the life, limb or well being of my daughter.

THIS AGREEMENT shall remain in full force and effect until specifically revoked prospectively; to be effective, such revocation must be in writing and delivered to Purple Aces Basketball, 2373 Canter Lane, Green Bay, WI, 54304.

My signature below, indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date