



Medical Information Form

Player Name: _____ DOB: _____

Parent Name: _____ Cell #: _____

Parent Name: _____ Cell #: _____

Emergency Contact & Phone: _____

Physicians Name & Phone: _____

Insurance Information: _____

Policy Holder: _____ Policy Number: _____

Hospital: Check here to be taken to the nearest hospital in emergency situations OR

ONLY take to _____ hospital

Known Allergies / Medical Conditions or Other Instructions:

In the event of an emergency, I give the coaching staff of the CRANK IT VOLLEYBALL CLUB permission to make medical decisions for my child until I can be contacted. Neither I, nor my child will hold the CRANK IT VOLLEYBALL club, school affiliated facilities, coaches and/or volunteers liable for any injuries or expenses relating to injuries, or the course of securing emergency medical services while my child is playing for the club.

Parent Signature

Date