

Waterford High School Athletics
Player Information & Emergency Consent Form

Player's Name: _____ Health Ins. Co.: _____
Chronic Illnesses: _____ Member Number: _____
Allergies: _____ Group Number: _____
Current Medications: _____ Emergency Contacts: _____
Date of Last Tetanus Shot: _____ Telephone: _____
Other: _____ Additional Contact: _____

Telephone: _____
Physician: _____ Telephone: _____
Home Address of Parent/Guardian: _____
Telephone of Parent/Guardian: _____ Cell Phone Number: _____
Employer: _____ Telephone: _____

I/We hereby authorize a member of the Waterford High School _____ to give consent for all medical and/or surgical treatment that may be required for our child during our absence from _____ to _____.

Parent/Guardian Signature

Date

PLEASE COMPLETE THIS REQUIRED FORM AND RETURN TO COACH.