

CHESHIRE JUNIOR FOOTBALL
EMERGENCY INFORMATION AND CONSENT
FOOTBALL & Cheerleading

Athlete's Name: _____ Nickname: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Email _____

Father's/Guardian Name: _____

Address: _____

Employer: _____

Home Phone: (____) _____ Work Phone: (____) _____ Email _____

Mother's/Guardian Name: _____

Address: _____

Employer: _____

Home Phone: (____) _____ Work Phone: (____) _____ Email _____

Family Medical Insurance:

Carrier: _____ Group: _____

Policy #: _____ Group #: _____

Family Physician Name: _____

Physician Address: _____

Physician Phone: (____) _____ Email _____

Allergies: (List): _____

Serious Medical Conditions (list): _____

I/we hereby grant consent to any and all health care providers designated by Cheshire Junior Football to provide my child, _____ any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

Date:

Father's/Guardian Signature

Date:

Mother's/Guardian Signature