



PLAYER EMERGENCY FORM

Junior Longhorn Football

2010 Season

Player Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Phone Numbers: _____

Father's Name: _____

Mother's Name: _____

Emergency Contact Person Name: _____ Phone: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Insurance Provider Name: _____ Policy No. _____

Drug Allergies: _____

Any medical conditions the coaches need to be aware of (such as asthma, diabetes, ADD/ADHD, heart, etc.)

In case of emergency, I request my child to be taken to _____ hospital.

Other information you would like to furnish: _____

Parent Signature _____ Date _____