



2015 FP/EH YOUTH FOOTBALL CAMP MEDICAL FORM

Emergency Contact and Medical Information

Child's Name _____		Date of Birth _____		M	F
				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

- Hospital Preference:
- St. Barnabas
 - Morristown Memorial

Physician's Name _____	Phone Number _____
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Allergies _____

Medical history _____

Medication _____

I authorize my child to be transported to the hospital preference as stated above. I authorize all medical treatment to be performed or prescribed by the attending physician and or EMS/ paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____	Date _____
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Witness Signature _____	Date _____
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