

EMERGENCY CARE INFORMATION

(Coach: Keep a copy of this form for each team member with you at the tournament)

EVENT: 2020 Catoclin VOICES Region 14 Tournament

LOCATION: Independence High School, 23115 Learning Cir, Ashburn, VA 20148

STUDENT'S NAME: _____ **Date of Birth:** _____

Address: _____ **ZIP** _____

Father's Name: _____

Address : _____

Home Phone : _____ Work Phone: _____

Mother's Name: _____

Address (if different from above) : _____

Home Phone : _____ Work Phone: _____

Family Physician: _____ **Phone:** _____

Insurance Information (effective as of the tournament date):

Carrier: _____ Plan # _____ Policy # _____

Medical History

Allergies:

Insect stings _____

Food (please list) _____

Drugs (please list) _____

Medical conditions:

Please list any disabilities/conditions we should be aware of: _____

Is your child currently under care of a physician for a medical problem? Yes _____ No _____

If yes, please explain _____

List all medications and dosages your child receives on a continual basis or is receiving at the present

time : _____

Parental/Guardian Permission:

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter by an emergency room or nearest hospital. The medical staff has my authorization to provide treatment which a physician deems necessary for the well-being of my child. I agree to be responsible for all charges incurred.

Date : _____ Signature: _____ Relationship to student: _____