



NSPPP Player Medical Form 2009 / 2010 Season

If your child needs emergency medical care and a parent/guardian is not available to give formal consent to medical authorities, care may become unnecessarily delayed. To protect your child, the North Shore Premier Player Program requires that you complete the following Emergency Consent Form, so that appropriate medical treatment may be rendered in a timely manner.

Player & Contact Information:

First name:			
Last name:			
Birthday:		Care Card #:	
	Month Day Year		
Home Phone:		Main Cellular:	
Address:			

Emergency Contact Information:

Contact name:			
Relationship to player:			
Phone:		Cellular:	

Supplemental Health Insurance Information:

Insurer name:			
Group number:		Phone:	

Medical Information:

Allergies:			
Chronic Illnesses:			
Medications:			
Date of last Tetanus Immunization:			
Other Information:			

Physician Information:

Physician's name:		Phone:	
Other Physician:		Phone:	

I/we the undersigned hereby authorize the Coach, Team Manager, or any authorized North Shore Premier Player Program chaperone, or NSPPP coach in attendance to give consent for all medical and/or surgical treatment that may be required for our child during our absence from Sept 1, 2009 through April 30, 2010. I/we additionally give consent for the administration of Tylenol, Advil and/or Gravol as needed.

Signature: _____ Date: _____
Parent / Guardian signature