

Butler Junior Tennis Association

MEDICAL EMERGENCY FORM

Player's Name _____ Date of Birth _____

Parent's Name _____ Gender __M__F

Home Address _____

Home Phone _____ Other Emergency Phone _____

Cell Phone _____

Email _____

(Email is for our general contact use only. Not intended for use in medical emergencies.)

School player will attend in Fall _____

Is your child's health: Good Fair Poor

Does your child have any form of physical handicaps or health problems?

Yes No If yes, please specify: _____

Does your child have any allergies? Yes No

If yes, please specify: _____

Has your child had a tetanus injection? Yes No

Date of last injection: _____

Is your child currently on any medication? Yes No

If yes, please specify: _____

In case of emergency room care, please provide the following:

a. Insurance policy number _____

b. Insurance company _____

c. Family physician _____

d. Physician's phone _____