

# 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 \_\_\_\_\_