

Horwich St. Marys Junior Football Club

Emergency Information Card

Players Name.....

Date of Birth.....

Address.....  
.....

Phone Number.....

Doctors Name..... Phone Number.....

Parent or Guardians Name.....

Address (if different from players).....  
.....

Phone Number (if different from players).....

Work Phone Number.....

List one person as emergency contact in case we are unable to contact parent or guardian

Name.....

Address.....  
.....

Phone Number.....

Important Player Information

Is player allergic to any drugs? if so, what?.....

Any other allergies (e.g bee sting, dust etc.).....

Does player suffer from any serious illness (please tick or specify)

Asthma Diabetes..... Epilepsy..... Others.....

Is player on regular medication? If so, what?.....

Does player wear contact lenses?.....

Other relevant information.....

**I GIVE MY PERMISSION FOR THE ABOVE NAMED PLAYER TO BE  
TREATED FOR INJURY IN MY ABSENCE WHILST IN THE CARE OF  
HORWICH ST MARYS JFC.**

Signature of parent or guardian.....

Date.....