

Hiawatha Kids League

Emergency Medical Information Card

In the unlikely event your child becomes injured during practice or a game and you, the parent or guardian are not in attendance, we will utilize the information you provide below to seek medical care for your child. Information provided below will be held in strict confidence and will only be used in the event of an emergency. **Your child will not be allowed to practice or participate in any games until this card is completed and signed a parent or guardian.**

Child's Name: _____ Home Phone : _____

Address: _____
(street) (city) (zip)

Parent or Guardian's Name(s): _____

Address: _____
(if different than above)

Physician's Name and Phone: _____

Dentist's Name and Phone: _____

Hospital Preference: _____

Please list any medical condition the coach or medical personnel should be aware of: _____

Please provide at least one additional phone number (ie: cell phone, friend, or close relative) that could be called in the event an emergency arise, and you the parent or guardian are away from the fields, and no one answers the home phone number listed above.

(Name of Person/Phone Number)

(Name of Person/Phone Number)

By signing below you authorize the Hiawatha Kids League and its representatives (coaches, umpires, Board Members) to seek medical care for your injured child in the event you the parent or guardian are not immediately available to seek care for your injured child. Hiawatha Kids League may utilize the above information in the event of an emergency. Hiawatha Kids League will in no way be held liable for any medical treatments or financial burdens that may arise from said injury.

(Signature or Parent/Guardian)

(Printed Name of Parent/Guardian)

(Date)