



New England Youth Tackle Football Inc.

Discipline / Hard Work / Dedication

Revised December 1st 2017

EMERGENCY CONTACT FORM

General Information

Full Name (Child) _____, Birth Date _____, Grade _____

Parent's name(s) _____, _____

Siblings (names/ages) _____ - _____, _____ - _____

Address _____ City _____ State _____ Zip Code _____

Home phone: (____) ____ - _____ Parent's work: (____) ____ - _____

Parent's cell: (____) ____ - _____ Youth's cell: (____) ____ - _____

Email (parent/family): _____

Emergency Contacts (**PLEASE LIST PERSONS OTHER THAN PARENTS**)

Emergency contact: #1

_____, _____, _____
(Name) (Phone) (Relationship)

Emergency contact #2:

_____, _____, _____
(Name) (Phone) (Relationship)

Medical Information

Please list any allergies/sensitivities: _____

Doctor: _____ (name/address/phone number)

Physical concerns/limitations/anything the staff should be aware of: _____

Medications your child takes regularly (name/dose/times/etc.):

_____, _____
_____, _____
_____, _____
_____, _____



I give consent for my child to be treated by a physician in the event of a medical emergency whereby the emergency contacts cannot be reached. I also give consent to release medical information to healthcare providers in the event of necessary care.

(Print Name)

(Signature)

(Date)