

Huron Chiefs Junior football
Emergency Medical Information

Please fill out completely today's date _____

Athlete's name _____ M F

Parent/ Guardian's names _____

Address _____

Athlete's Birthdate _____ Grade (in Sept.) _____

Home phone _____ E-mail address _____

Father's cell# _____

Mother's cell# _____

Local person (s) to be notified in an emergency when parent is not available:

Name: _____

Phone: _____

Name: _____

Phone: _____

Medical problems or allergies we should be aware of:

Daily medication and dosage: _____

Coaches must carry at all times