



## SCYSA EMERGENCY CONTACT & MEDICAL FORM

### Player Information

- Name: \_\_\_\_\_
- Birthdate: \_\_\_\_\_
- Team: \_\_\_\_\_

### Parent/Guardian 1

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

### Parent/Guardian 2 (optional)

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

### Emergency Contact (non-parent)

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone: \_\_\_\_\_

### Medical Information

- Allergies: \_\_\_\_\_
- Medications: \_\_\_\_\_
- Medical conditions: \_\_\_\_\_
- Additional instructions: \_\_\_\_\_

### Consent for Emergency Care

I authorize SCYSA staff to seek medical treatment if necessary.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_