

## EMERGENCY MEDICAL INFORMATION FORM

This document is intended solely for the use of the Jersey Shore Boca Soccer Club. This information will be used only to provide for your care and to otherwise assist you in the event of a medical emergency. In completing this form please provide as much detail as possible.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
Address: \_\_\_\_\_  
Medical Insurance Carrier \_\_\_\_\_ Plan/Group # \_\_\_\_\_

### In Case of Emergency Notify:

1. Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work or Cell # \_\_\_\_\_  
2. Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work or Cell # \_\_\_\_\_

### Other Information:

Known allergies or drug reactions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Current medical problems or health concerns: \_\_\_\_\_

Past illness/hospitalizations/surgery: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Any other information we should know about you? \_\_\_\_\_

I give permission for this form to be kept on file with the Jersey Shore Boca Soccer Club to be provided to health care personnel in the event that I require medical care while I am a participant with the Club. In the event that I am unable to give consent to medical care myself, I hereby give any Jersey Shore Boca representative consent to care for me, including medical and surgical treatment and hospitalization if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR MINORS UNDER 18 YEARS OF AGE:

I give permission for the Jersey Shore Boca Soccer Club to obtain and consent to care for my son/daughter, including medical and surgical treatment and hospitalization if necessary, in the event that I cannot be reached in an emergency.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Minor Child: \_\_\_\_\_