

**PAOLI WILDCATS BASKETBALL
MEDICAL INFORMATION & AUTHORIZATION FOR TREATMENT**

To all parents/guardians of Wildcats players:

This form will be given to your child's coach, to be used only in the event of a medical emergency when the parents/guardians cannot be reached. Please complete the information and return this form along with the registration form. (If you have more than one child playing in the league, please complete a separate medical form for each player.)

Section 1 - Information (please write neatly!)

DATE _____

Player's name _____

Address _____ City _____ Zip _____

Phone _____ Birthdate _____

Parent (Guardian) name(s)

Insurance Company/address _____

Insurance Policy number _____ Group number _____

Physician _____ Phone _____

Emergency contact _____ Phone _____

Is player suffering from any condition requiring special attention such as asthma, diabetes, epilepsy, cardiac condition, etc.? **yes no** (if yes, please explain)

Is player allergic to any drug, insect bite, food, or any such substance? **yes no** (if yes, please explain)

Is player currently taking any special medication? **yes no** (if yes, please explain)

Has player been under the care of a physician or hospitalized during the past year? **yes no** (if yes, please explain)

Section 2 - Authorization

I authorize Wildcat coaches or volunteers to use their judgment to request and secure medical treatment for my child if my child is injured while participating in a Wildcat activity and I cannot be reached.

(signature of parent/guardian)

date