

# Brighton Baseball & Softball Player's Emergency Information

(To be carried by Team Coach and available at all games and practices)

Dear parent:

Baseball injuries are rare, but in the event of an emergency the following information could be critical. Please complete this form carefully. Please print all information legibly.

**Player's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Tel:** \_\_\_\_\_

**Mother's/Guardian's Name:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_

**Work/Alternate Tel:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Father's/Guardian's Name:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_

**Work/Alternate Tel:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

*In case of an emergency, if we are unable to contact either parent, person to be called:*

**Name:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

Please list any medical conditions your child has: \_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child takes regularly: \_\_\_\_\_  
\_\_\_\_\_

Please list any serious allergies your child has: \_\_\_\_\_

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Name of your child's Primary Care Doctor: \_\_\_\_\_

Office Tel: \_\_\_\_\_

Name of your child's Dentist: \_\_\_\_\_

Office Tel: \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

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