

# 2018 Vineland Blitz Junior Football League

## Medical Information Form

Player Name: \_\_\_\_\_ Player DOB: \_\_\_\_\_

Player Address: \_\_\_\_\_

### Emergency Contact Information:

<u>Name</u>	<u>Address</u>	<u>Contact #</u>	<u>Relationship</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____

### Medical History

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Current Medications Including Dosage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Allergies (Include Food, Drug and Seasonal)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* In my absence, I hereby give permission to the Vineland Blitz Junior Football League (VBJFL) coaches, medical staff, Emergency Medical Service EMT's, Hospital nursing/doctor staff to start any / all treatment necessary for my child and make any medical decisions until I arrive.\*\***

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

Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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