

2019 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: _____ NDate: _____