

**Everest Youth Football League, Inc.**  
**ATHLETIC EMERGENCY INFORMATION SHEET**

As a parent/guardian of \_\_\_\_\_  
(Last Name)(First Name)(Initial)

I give my permission to have an Everest Youth Football League, Inc. coach or other official consent to needed medical attention by the nearest physician and/or hospital, in case of an accident, injury or other emergency involving the above named person.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Information:**

Known Allergies to drugs & anesthetics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Check Here if This Information is the Same as on Registration Slip \_\_\_\_\_

_____	FATHER	_____	MOTHER	_____
_____		_____		_____

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

Phone:  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_

Employer: \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_