



NEW ENGLAND STORM

Player Medical Form

NOTE: In the event of a medical emergency, or if a player is injured in a practice or a game, and a Parent or Legal Guardian is not present, we need to know the following medical information.

Medical Waiver:

I certify my son, _____ is in good health and may participate in all New England Storm team activities. It is understood that the directors, coaches, and managers are not responsible for accidents resulting in medical, dental, or any other expenses.

In case of emergency, I grant permission for my son to be given emergency care at a local hospital.

Parent or Guardian: _____, Date: _____
Signature

Medical Information:

Medical Carrier: _____

Policy Number: _____

Carrier Phone Number: _____

Subscriber's Name: _____

(The person whose name the policy is on)

In the event of an emergency and the Parent or Guardian cannot be contacted, who else should we try and contact?

Person's Name: _____

Person's Phone Number: _____

Person's Relationship: _____

Additional Comments: _____
