



## Medical Information Sheet

Name of child \_\_\_\_\_

Name of  
Parents/Guardians \_\_\_\_\_

Phone numbers \_\_\_\_\_

Name of  
Insurance \_\_\_\_\_

Name of Primary Care  
Physician \_\_\_\_\_

Name of Orthopedic (if known) \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Phone \_\_\_\_\_

Child's Allergies  
Or other conditions \_\_\_\_\_

This form is kept on file with the coach in case of an emergency, all info is confidential.

This form must be on file with the coach, before the start of season.