



Susquehanna River United Soccer Association

## Medical Form

This PDF form is form fillable

Players Name: \_\_\_\_\_ Date: \_\_\_\_\_

Should the above named participant become ill or sustain an injury and a parent or guardian cannot be contacted, permission is granted to call a licensed physician for treatment or to transport the above named participant to a hospital emergency room for treatment.

Signature of parent or legal guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Hospitalization Insurance Information

Name of Insurer: \_\_\_\_\_

Policy/Contract Number: \_\_\_\_\_

Does the participant have any unusual or physical reaction which would require immediate attention.

Allergy: \_\_\_\_\_

Drug Reaction: \_\_\_\_\_

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

Tetanus Immunization Date: \_\_\_\_\_

Special Instructions/Medical Information: \_\_\_\_\_

\_\_\_\_\_