

Hiram Ruritan Club
EMERGENCY RECORD

Player's Legal Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Medical Conditions: _____

Allergies: _____

Current Meds: _____

Parent / Legal Guardian: _____

Address: _____

(Street Number) (Street Name) (Lot # or Apt.)

(City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Cell#: _____ Beeper: _____

E-Mail: _____

Parent / Legal Guardian: _____

Address: _____

(Street Number) (Street Name) (Lot # or Apt.)

(City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Cell#: _____ Beeper: _____

E-Mail: _____

Insurance Company: _____

Policy holder: _____

Policy# : _____ Member# : _____

Insurance Preferred Hospital: _____

Primary Care Physician: _____ Phone: _____

Dentist: _____ Phone: _____

I the undersigned give permission for the staff of the Hiram Ruritan Club, Inc. to seek emergency medical care for the above child.

PARENT / GUARDIAN SIGNATURE: _____