

# Texas Play Hard Emergency Medical Information

Player's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cellular Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cellular Phone \_\_\_\_\_

Person to contact in case parents cannot be reached:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Name of Insured \_\_\_\_\_

Family Doctor \_\_\_\_\_  
Work Phone \_\_\_\_\_

Do you wear contacts while competing? Yes      No

Allergies \_\_\_\_\_

Allergies to Medication \_\_\_\_\_

Any other condition we need to know about \_\_\_\_\_

Any surgeries or previous injuries about \_\_\_\_\_

Medication taken regularly \_\_\_\_\_

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by TPH staff to treat my daughter.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date