

Northern Lights Volleyball Club

Medical Information and Emergency Release

Player Name: _____ Age: _____

Mailing Address: _____ Birth date: ____/____/____

Phone #: _____

Parents/Guardians: _____

Work Phone(s): _____

Family Physician: _____

Telephone: _____

Medical Insurance: _____ Policy #: _____

Emergency Contact: _____

Recent injuries or surgeries (include concussion):

Allergies to any medication: _____

Current Medications: _____

Other significant medical information:

Emergency Release

I, as parent or guardian of _____, give my permission for this player to receive minor medication when the need may arise. This will be given by the adult in charge at the time. In case of emergency, and in case I cannot be reached, I authorize emergency treatment at the nearest recognized medical facility.

Parent / Guardian Signature

Date