



# UPPER MERION YOUTH VIKINGS FOOTBALL & CHEER

## EMERGENCY CONTACT FORM

Full Name (include First, Middle & Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Team/Division: \_\_\_\_\_

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

Primary Telephone Number: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Primary E-mail Address: \_\_\_\_\_

Secondary E-mail Address: \_\_\_\_\_

Local Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

Medical Problems/Allergies: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

If emergency treatment is required, may the KPFA, Inc. use their judgment in securing services of the doctor most accessible, provided none of the above people can be reached?

YES \_\_\_\_\_ or NO \_\_\_\_\_

Ambulance cost is your responsibility. Parent/Guardian must be at the hospital to ensure proper medical treatment.

Signature of Parent(s)/Guardian(s):

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date