

COACHES – PLEASE KEEP COPY OF THIS FORM FOR ALL PLAYERS DURING GAMES & PRACTICES
DO NOT RETURN TO CYO OFFICE

Catholic Charities of Broome County: CYO Program

EMERGENCY CARE INFORMATION

In case of an emergency, staff will contact 911.

Every attempt will be made to contact a parent, guardian, or a designated emergency contact person

(Please print)

Participant's Name: _____ Date of Birth: _____ Age: _____

Address: _____

Activity/Program: _____ Parish (if applicable): _____

PARENT/GUARDIAN CONTACT INFORMATION

Any parent with whom the child resides has the right to make decisions concerning the child in the event of an emergency. A non-custodial parent has the right to be listed as an emergency contact unless a court order or other legal document stating otherwise has been issued

1. Parent/Guardian Name: _____

Address: _____

Relationship: _____ Phone: _____ cell: _____

2. Other Contact Name: _____

Address: _____

Relationship: _____ Phone: _____ cell: _____

HEALTH CONDITIONS:

Medications (Staff will **NOT** dispense medications): _____

Allergies: _____

Other conditions: _____

PHYSICIAN INFORMATION

Participant's Doctor's, Clinic or HMO Name: _____ Phone Number: _____

Insurance Provider: _____ Phone Number: _____

The staff has my permission in an emergency when I cannot be contacted to send my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of the injured individual.

Parent or guardian signature: _____ Date: _____