



Emergency Medical Information Form

I, the undersigned, am aware that participating in Powerhouse Wrestling Academy may involve traveling with the team. I acknowledge and accept the risks inherent in this sport and with the travel involved and with this knowledge in mind, I grant permission for my child(ren) to participate in this sport and travel with their team. In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the Powerhouse coaches/staff to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child named below.

CHILD'S NAME _____ BIRTH DATE _____
(Print First, middle and last name) (mo/day/year)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ ALTERNATE PHONE NUMBER _____

Has child been prescribed an Inhaler or Epipen? _____
(must be present with child at practice and tournaments)

Is child presently taking any medication? Yes _____ No _____ If yes, what type? _____

Date of last Tetanus shot _____ Are contact lenses worn? _____

Please list any allergies to medications, etc. _____

Please list any health problems that might be significant to a physician evaluating your child in case of emergency _____

PLEASE LIST TWO (2) EMERGENCY CONTACTS IN CASE YOU CANNOT BE REACHED

NAME _____ NAME _____

RELATIONSHIP TO CHILD _____ RELATIONSHIP TO CHILD _____

PHONE NUMBER _____ PHONE NUMBER _____

ALT PHONE NUMBER _____ ALT PHONE NUMBER _____

Is the above mentioned child adequately covered by Health Insurance? Yes _____ No _____

This Emergency Medical Information Form may be reproduced to travel with your child's team and is acceptable for emergency treatment if needed.

I authorize and certify all above information as true and accurate.

Parent/Legal Guardian Name (Printed)

Parent/Legal Guardian Signature

Date