



Whitefish Bay Emergency Contact Information Form



Players Name: _____

Mother's name: _____

Home phone _____ Cell phone _____ Work phone _____
Pager _____ e-mail address(es) _____

Father's name: _____

Home phone _____ Cell phone _____ Work phone _____
Pager _____ e-mail address(es) _____

In an emergency when the parent/guardian cannot be reached, please contact the following:

Name: _____

Home phone _____ Cell phone _____ Work phone _____
Pager _____ e-mail address(es) _____

Primary Care Doctor/Physician: _____

Office phone _____ Cell phone _____ Other _____
Pager _____ e-mail address(es) _____

Medical/Hospital Insurance Company _____ Phone Number _____
Policy Holder's name _____ Policy Number _____

Medical Conditions: _____
Allergies: _____

Preferred Hospital: _____