

# *Hernando Youth Football Association*



## *Medical Care Form*

**HYFA does require one parent or guardian to be at all the functions your son or daughter is participating in. However in the event of an emergency, and that parent or guardian can not be contacted please complete the following information and return it to your coach.**

Child's Name \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Dads Cell \_\_\_\_\_ Moms Cell \_\_\_\_\_

### **Emergency Contact Information**

Emergency Contact Name \_\_\_\_\_  
Emergency Contact Address \_\_\_\_\_  
Emergency Contact Phone \_\_\_\_\_ Emergency Cell \_\_\_\_\_

### **Hospital Information**

Hospital of Choice \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Medical History (please note anything we may need to tell the doctor)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_