

Personal Safety Sheet

Childs Name _____

Address _____

Mothers Name _____ Phone _____

Fathers Name _____ Phone _____

In the event you can not be reached, we will reach out to your emergency contact in the order below.

Emergency Contact (1) _____ Phone _____
Relationship _____

Emergency Contact (2) _____ Phone _____
Relationship _____

Hospital Preference _____

Current Medications _____

Circle All That Apply

Asthma Allergy Diabetic

Inhaler Y N

Self Administered Y N

EpiPen Y N

It is my responsibility to ensure all inhalers/epipens are given to the Safety Coach or Head Coach if the Safety is not present before every practice and game.

I will let the Head Coach or a Board Member know if I will not be present during a practice or game.

Parent Signature

MWYFCL Representative

Date

Date
