



2013 Regional Competitions



Please make a copy of the completed form for your records. If your team advances to the NOSB Finals, this form will be required and you may resend it to the National office.

Coach Confidential Medical Information and Emergency Notification Form

Name: _____ Birthdate: _____ Sex: M F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____

Date of Last Tetanus Shot: _____ Drug Allergies: _____

Physician: _____ Phone Number: _____

Medical Conditions or Previous Surgery: _____

Regular Medications: _____

Special Dietary Requirement (include food allergies): _____

Special Physical Needs: _____

Emergency Notification Information

Emergency Contact: _____ Phone: _____

Relationship: _____

Medical/Hospital Insurance Carrier: _____ Policy #: _____

Toll-free number: _____

CONSENT TO MEDICAL CARE AND TREATMENT

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) by a licensed physician or hospital in the event I am not available to consult with attending physician(s) and the attending physician(s) deem it advisable to proceed with such treatment(s).

Coach Signature

Date