

East Bay Buccaneers Emergency Form



Name of Child: _____

Date of Birth: _____

Allergies: _____

Parents Name: _____

Address: _____

Work Phone: _____ **Cell:** _____

Emergency Contact (other than parent)

Emergency Phone: _____

Emergency Cell#: _____

_____ Yes, I give my permission for the Safety Director or Coach to give my Children's Tylenol or Children's Motrin, only if needed.

_____ No, I DO NOT give permission for the Safety Director or Coach to give my children any Children's Tylenol or Children's Motrin.

*****EVERY ATTEMPT WILL BE MADE TO CONTACT THE PARENT FOR PERMISSION BEFORE THE ABOVE MEDICATION GIVEN*****

Printed Name of Parent of Guardian

Signature of Parent of Guardian

Date