

**AC ACADEMY**

**MEDICAL INFORMATION/ EMERGENCY CONTACT**

*(To be filled by parents who are not at Boston Badminton during training time.)*

Full Name \_\_\_\_\_ Gender:  Male  Female

Date of Birth \_\_\_\_\_

Full Address \_\_\_\_\_

Email \_\_\_\_\_

Parents' Name (juniors) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

Doctor and phone no. \_\_\_\_\_

Dental Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

Dentist and phone no. \_\_\_\_\_

Indicate medical condition, allergies, special needs including medication: \_\_\_\_\_

Parents' permission for staff to give pain killers (acetaminophen or ibuprofen)  yes  no

In case of medical emergency, every effort will be made to contact the persons listed above before contacting the doctor. Please sign below to authorize us to seek emergency care if deemed necessary. This form will be given to emergency personnel.

Signature (parent/guardian if minor) \_\_\_\_\_ Date \_\_\_\_\_