

**CONRAD WEISER LITTLE SCOUTS  
MEDICAL INFORMATION CARD**

PLAYER INFORMATION :

Name \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Known Medical Issues/Allergies \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Preferred Hospital: \_\_\_\_\_

PARENT/LEGAL GUARDIAN INFORMATION :

Father's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**IN THE EVENT OF A MEDICAL EMERGENCY, YOUR CHILD WILL BE TRANSPORTED TO THE NEAREST MEDICAL FACILITY.**