

**CLOVIS VOLLEYBALL CLUB
ACCIDENT PROCEDURE CARD**

Name _____ Age _____ Birthdate _____
Address _____ City _____ Zip _____
Home Phone() _____ - _____ Work phone() _____ - _____ Cell() _____ - _____
Parent or Guardian Name(s) _____

In case of sudden illness or accident to the athlete notify:

1. Contact (mother) _____	Home Phone _____ - _____
Place of employment _____	Work Phone _____ - _____
2. Contact (father) _____	Home Phone _____ - _____
Place of employment _____	Work Phone _____ - _____
3. Contact (relative/friend) _____	Home Phone _____ - _____
Place of employment _____	Work Phone _____ - _____
4. Contract (relative/friend) _____	Home Phone _____ - _____
Place of employment _____	Work Phone _____ - _____
Health insurance Company (name) _____	
Address _____ City _____ Phone _____	
Health insurance policy number(s) _____	
Family physician _____ Phone _____	
Address _____ City _____	

Please indicate any medications that the child may bring or will be using:

Allergies to medications ect: _____
Other information that may be useful: _____

If an emergency should arise which requires immediate attention and we as parents/guardians cannot be contacted, you are authorized to take whatever steps are needed to protect the health of this student.

Date: _____ Signature of Parent/Guardian _____