



CONSENT FOR TREATMENT

Each player must complete and have signed.

Name of Player _____ Player's Age _____

Home Address _____ City _____ State _____

Family Physician _____ Phone (____) _____

List of Allergies _____

Required Medications _____

Name of League _____

League Accident Insurance Co. _____

League Accident Insurance Policy No. _____

In case of an accident or illness, I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment in obtaining immediate medical care.

DATE _____ SIGNED _____
(Parent or Guardian)

Daytime Phone (____) _____ Home Phone (____) _____

Cell Phone (____) _____

Parents' Health Insurance Co. _____

Policy No. _____

(Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.)