



## 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 Any Allergies \_\_\_\_\_  
Required Medication \_\_\_\_\_

In case of an accident or illness, I hereby authorize a representative of Pelham Baseball to use his/her judgement in obtaining immediate Medical Care.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_  
(Parent or Guardian)

Daytime Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_

Parents Health Ins. Co. \_\_\_\_\_  
Policy # \_\_\_\_\_

(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.)