

## **CONSENT FOR TREATMENT**

## Each Player must complete and have signed

Name of Player	P	Player's Age	
Home Address	City	State	
Family Physician	Phone	Phone	
List of Any Allergies			
Required Medication			
Name of League			
League Accident Insurance C	Company		
League Accident Insurance F	Policy No		
In case of an accident or illness in obtaining immediate Medical	, I hereby authorize a representative of Babe Ruth League Care.	, Inc. to use his/her judgment	
DATESIGNE	By: Parent or Guardian if Athlete is under the age of 18 By: Athlete is		
	<b>By:</b> Parent or Guardian if Athlete is under the age of 18 <b>By:</b> Athlete is	f 18 or over	
Daytime Phone	Home Phone		
	Parents Health Ins. Co		
	Policy #		
(Parents will be notified in ca immediate treatment possible.	se of serious illness or injury as quickly as they can be		