



CONSENT FOR TREATMENT

Name of Player _____ Player's Age _____
Home Address _____ City _____ State _____
Family Physician _____ Phone() _____
List of Any Allergies _____
Required Medication _____
Name of League _____
League Accident Insurance Company _____
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 () _____

(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.