



## 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 \_\_\_\_\_

Name of League \_\_\_\_\_  
East End Mishawaka Baseball Softball Association

League Accident Insurance Company \_\_\_\_\_  
Nationwide Life Insurance Co.

League Accident Insurance Policy No. \_\_\_\_\_  
PPG-272242-00

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 \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_  
(Parent or Guardian) Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_  
Parents Health Ins. Co. Anthem \_\_\_\_\_  
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.)