

## 2023 Hudson Girls Softball

### Medical Consent & Emergency Information

Player Name \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Main Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical History

Allergies to:

Medications: NO YES \_\_\_\_\_ Insects: NO YES \_\_\_\_\_ Foods: NO YES \_\_\_\_\_

Circle either YES or NO regarding the following conditions. If "YES" please explain in line or on the reverse side.

Dizziness/ Fainting:	NO	YES _____	Recurrent Headaches:	NO	YES _____
Asthma:	NO	YES _____	Head Injury/Concussion:	NO	YES _____
Diabetes:	NO	YES _____	Heart Ailments/Condition:	NO	YES _____
Epilepsy/Seizures:	NO	YES _____			

Please describe any:

SURGERIES OR HOSPITALIZATIONS? NO YES

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ANY MEDICATIONS TAKEN REGULARLY THAT AN AMBULANCE COMPANY OR HOSPITAL NEEDS TO KNOW ABOUT IN AN EMERGENCY? NO YES

PLEASE LIST ALL MEDICATIONS AND DOSAGES:

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#### Emergency Authorization and Consent:

As the parent/guardian of \_\_\_\_\_, I hereby give permission to the Staff/Coaches of Hudson Girls Softball to administer first aid to my child and/or in the event of an emergency, secure proper treatment in the form of contacting emergency medical services. To the best of my knowledge, this medical history form is correct and I will update my child's medical conditions as necessary until this consent is no longer valid.

Signature of Participant/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\* This consent is valid for one (1) full season. Please remember that it is critical to update the coach(es) should any of this information change during the season. Most importantly pertaining to concussions/allergies and/or medications. \*\*\*