



**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.