



2010 CONSENT FOR TREATMENT

Name of Player: _____ Player's Age: _____

Home Address: _____ City: _____ State: _____

Family Physician: _____ Phone: _____

List of Allergies: _____

Required Medication: _____

Name of League: _____ Tracy Babe Ruth League, Inc.

League Accident Insurance Company: _____ K & K Insurance Group, Inc.

League Insurance Policy No.: _____ SSP-0003548700

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.