



## CONSENT FOR TREATMENT

*Each Player must complete and have signed*

Name of Player \_\_\_\_\_ Player's Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

List of Any Allergies \_\_\_\_\_

Required Medication \_\_\_\_\_

Name of League \_\_\_\_\_ Twin Cities Babe Ruth \_\_\_\_\_

League Accident Insurance Company \_\_\_\_\_ K&K Insurance Group, Inc. \_\_\_\_\_

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 \_\_\_\_\_

Cell Phone \_\_\_\_\_ Parents Health Ins. Co. \_\_\_\_\_

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)