



Dizzy Dean Baseball/Softball Inc.



CONSENT FOR TREATMENT FORM

(Please Print Or Type)

ALL TOURNAMENT OR TRAVELING TEAMS ARE REQUIRED TO HAVE THIS FORM FOR EACH PLAYER. FORM MUST BE CARRIED WITH TEAM MANAGER AT ALL TIMES.

NAME _____ HOME PHONE () _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

FAMILY PHYSICIAN _____ PHONE () _____

LIST ANY ALLERGIES _____

REQUIRED MEDICATIONS _____

_____ BLOOD TYPE _____

HOSPITALIZATION INSURANCE _____ POLICY # _____

EMERGENCY TELEPHONE NUMBERS

#	Contact s Name	Relationship	Day Phone #	Night Phone #
1				
2				
3				

In case of illness or accident, I hereby authorize a representative of Dizzy Dean Baseball, Inc. to use his/her own judgement in obtaining immediate medical care if a parent or legal guardian cannot be contacted.

PARENT / GUARDIAN S SIGNATURE

DATE

Note: Leagues should duplicate this form as needed.