



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 Mustang Baseball

League Accident Insurance Company K&K Insurance

League Accident Insurance Policy No. SPP-30722-00

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 will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.)