



# Dizzy Dean Baseball & Softball



## 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 judgment 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.**