



CONSENT FOR TREATMENT

Each Player must complete and have signed

Name of Player _____ Player's Age _____

Home Address _____ City _____ State _____

Family Physician _____ Phone _____

List of Any Allergies _____

Required Medication _____

Name of League _____ Honesdale Little Baseball Association

League Accident Insurance Company _____ Gagliardi Insurance Services, Inc.

League Accident Insurance Policy No. _____ 9907-091 3

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.)