

Medical Consent to Treat

Redwood City Classic Baseball Tournament June 14th - June 18th, 2017

I, the responsible parent/guardian of

(player) hereby give consent and permission to his/her baseball coach to authorize any needed emergency medical treatment. Such treatment is to include diagnostic tests, in addition to any needed treatment of any such injuries. The medical treatment authorization is in effect until midnight June 18th, 2017.

Team Name

Team Manager

Parent Name

Signature of Parent or Legal Guardian

Parent Cell Phone