

# SEP RAMS Softball Club

## Medical History, Informed Consent and Release Form

I hereby give my permission for \_\_\_\_\_ to participate on a SEP RAMS Softball Team. Further, I authorize the coaching staff to provide emergency medical treatment of injury or illness to my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment which in his or her judgment may be deemed necessary in the care of \_\_\_\_\_ (player)  
Child's DOB: \_\_\_\_\_

This authorization is only granted if I cannot be reached and a reasonable effort has been made to do so.

Parent/Guardian's Signature : \_\_\_\_\_

Date: \_\_\_\_\_

### Parent Information

Names: \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

### Medical Information

Child's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Are glasses worn: \_\_\_\_\_ Contact Lenses \_\_\_\_\_

Known allergies/drug reaction: \_\_\_\_\_

Pertinent existing physical information: (Diabetes, seizures, head injury/concussion)

\_\_\_\_\_

Previous serious injuries (Date and nature): \_\_\_\_\_

### Insurance Information:

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Place of employment \_\_\_\_\_

Phone: \_\_\_\_\_