



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 _____
Fauquier Babe Ruth Baseball

League Accident Insurance Company _____
K & K Insurance Company

League Accident Insurance Policy No. _____
SPP 257084-00

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 _____

Daytime Phone () _____
(Parent or Guardian) 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.)