



CONSENT FOR TREATMENT

Each player must complete and have signed all 4 copies (1 sheet)

Name of Player _____ Player's Age _____
 Home Address _____ City _____ State _____
 Family Physician _____ Phone(____) _____
 List of Any Allergies _____
 Required Medication _____
 Name of League _____ Babe Ruth _____
 League Accident Insurance Company _____ K & K Insurance Group, Inc _____
 League Accident Insurance Policy No. _____ SPP35487-00 _____

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 _____
(Parent or Guardian)

Daytime Phone (____) _____
Home Phone (____) _____

(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.)



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