

# CARVER GIRLS SOFTBALL EMERGENCY TREATMENT RELEASE

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(LAST, FIRST, MI) (MM/DD/YYYY)

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ALTERNATE TELEPHONE: \_\_\_\_\_

**PERSON TO BE NOTIFIED OTHER THAN A PARENT/GUARDIAN IN AN EMERGENCY**

EMERGENCY PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IMPORTANT:** IN THE EVENT OF AN EMERGENCY OCCURRING WHILE MY DAUGHTER IS AT PRACTICE, GAME, AND/OR ANY OTHER FUNCTION/EVENT RELATED TO CARVER GIRLS SOFTBALL AND I CANNOT BE REACHED, I HEREBY GRANT PERMISSION TO THE PHYSICIAN SELECTED BY THE ABOVE ASSOCIATION TO HOSPITALIZE AND/OR SECURE PROPER TREATMENT FOR MY CHILD. I ALSO UNDERSTAND THAT, BY DEFAULT, CARVER GIRLS SOFTBALL TRANSPORTS TO JORDAN HOSPITAL IN PLYMOUTH, MA.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

**MEDICAL INFORMATION:**

	YES	NO
HEART CONDITION OR DISEASE		
DIABETES		
ASTHMA		
CONVULSIVE DISORDER		
ALLERGIES (SEASONAL, INSECT BITES)		
IF YES, PLEASE EXPLAIN:		
ALLERGIES TO MEDICATION		
IF YES, PLEASE EXPLAIN		
FREQUENT STOMACH UPSET		
KIDNEY OR BLADDER TROUBLE		
OTHER, PLEASE EXPLAIN:		

If applicant is receiving medication, please list medication and dosage: \_\_\_\_\_

\_\_\_\_\_

Additional medical information that may be helpful: \_\_\_\_\_

\_\_\_\_\_