



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 **Pitt County Girls Softball League**

League Accident Insurance Company **K & K**

League Accident Insurance Policy No. **SPP-22754-0**

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 () _____ Evening Phone () _____

Cell 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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