



# Dizzy Dean



## CONSENT FOR TREATMENT FORM

(Please Print Or Type)

ALL TOURNAMENT OR TRAVELING TEAMS ARE REQUIRED TO HAVE THIS FORM FOR EACH PLAYER. FORM MUST BE CARRIED WITH THE TEAM MANAGER AT ALL TIMES.

NAME: \_\_\_\_\_ PHONE #1: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE #2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

LIST ANY ALLERGIES: \_\_\_\_\_

REQUIRED MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

HOSPITALIZATION INSURANCE: \_\_\_\_\_ POLICY #: \_\_\_\_\_

### EMERGENCY TELEPHONE NUMBERS

#	Contacts Name:	Relationship:	Phone #1	Phone #2
1				
2				
3				

In case of illness or accident, I hereby authorize a representative of Dizzy Dean Baseball, Inc. to use his/her own judgement in obtaining immediate medical care if a parent or legal guardian cannot be contacted.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE:

\_\_\_\_\_  
DATE:

Note: Leagues should duplicate this form as needed.