

# Emergency Information

## EMERGENCY INFORMATION & CONSENT

(ONE FOR EACH ATHLETE)

Athlete's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell /Work Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell /Work Phone: (\_\_\_\_) \_\_\_\_\_

Family Medical Insurance:

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Allergies (list): \_\_\_\_\_

Serious Medical Conditions (list): \_\_\_\_\_

I/we hereby grant consent to any and all health care providers designated by: Putnam Youth Baseball Inc. to provide my child \_\_\_\_\_ (name) any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

\_\_\_\_\_  
Father's Signature / Date

\_\_\_\_\_  
Mother's Signature / Date