East County Amateur Softball Association
Medical Consent Form

Last Name _____ First Name _____ Date of Birth _____ Division _____

Consent To Treatment of Minor

In the event of sudden illness, accident, or injury which may occur while minor is engaged in an activity supervised by the East County Amateur Softball Association (ECASA) and its representatives, agents, or assignees, when neither parents, guardians or designated family cannot be contacted, I hereby give my consent pursuant to California Civil Code 25.8 for emergency treatment as shall be necessary under the circumstances by any physician/dentist licensed under the laws of the State of California.

Physician _____ Phone Number _____

Dentist _____ Phone Number _____

List any pertinent medical history information (allergies, medications, illnesses, etc): _____

Emergency Contact Information:

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Parent Signature:

Date _____ Signature of Parent/Guardian _____

Date _____ Signature of Parent/Guardian _____

Date _____ Signature of Parent/Guardian _____

Date _____ Signature of Parent/Guardian _____

Date _____ Signature of Parent/Guardian _____

Date _____ Signature of Parent/Guardian _____

Date _____ Signature of Parent/Guardian _____