



Spring Lake Park Softball Medical Information

Player's Name: _____ Birth Date: _____

Address: _____

Parent/Guardian: _____

Home #: _____ Work #: _____ Cell #: _____

Consent for Medical Treatment As the parent/legal guarding of a participation in the Spring Lake Park Softball, I hereby give my consent for EMERGENCY medical care by a duty licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Health Care Clinic: _____

Doctors Name: _____

Clinic/Doctors Phone #: _____

Hospital Preference: _____

Any unusual health problems? (i.e. Allergies, Medications) Please State:

Emergency Contact: _____

Relationship to Player: _____

Phone: _____

Signature of Parent/Guardian:

(The coach retains this form for emergency purposes.)