

EMERGENCY MEDICAL AUTHORIZATION FORM

PLAYER NAME: _____

DOB: _____ PHONE: _____

HOME ADDRESS: _____

ZIP: _____

PHYSICIAN: _____ PHONE: _____

PREFERRED HOSPITAL: _____

KNOWN ALLERGIES: _____

In case of emergency, we will attempt to contact a parent at home or at work. If we cannot be reached, attempt to contact the alternate listed below:

NAME: _____ PHONE: _____

I agree to emergency treatment as deemed necessary by the medical personnel designated by the coaches, administrators, and support group of IR Dirtybird Baseball. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above named player. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named player may be given.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

HOME PHONE: _____ WORK PHONE: _____

OTHER PHONE: _____ DATE: _____

I/we give our permission for _____ to participate in the IR Dirtybirdsummer season, realizing that such activity involves the potential for injury which is inherent in baseball and traveling (air and ground). I/we acknowledge that even with qualified coaching, use of approved equipment, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. Insurance is the responsibility of the parents or guardians. I/we certify that the address/phone number listed below is correct. I/we do have medical insurance for the player named above. (Circle one).

Yes No

INSURANCE CARRIER: _____ Policy #: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

HOME ADDRESS: _____

STATE: _____ ZIP: _____

PHONE: _____ DATE: _____