



## CONSENT FOR TREATMENT

Name of Player \_\_\_\_\_ Player's Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

List of Any Allergies \_\_\_\_\_

Required Medication \_\_\_\_\_

In case of an accident or illness, I hereby authorize a representative of Denville PAL Girls Softball to use his/her judgment in obtaining immediate Medical Care.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_  
(Parent or Guardian)

Daytime Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

*Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.*