



Medical Authorization

In the case of an accident or illness, I authorize BAYBL to provide medical treatment for my child if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that BAYBL, its staff, and volunteers assume no financial obligations or liability for the immediate medical treatment that they provide to or for my child.

Player Name:

Person to contact in an emergency: **Alternate person to contact in an emergency:**

Address **Address**

Phone (day) **Phone (day)**

Phone (evening/weekend) **Phone (evening/weekend)**

Insurance Information

Company Name **Policy Number**

Address

Physician Information

Name **Phone**

Address

List below any medical information (allergies, medications, medical problems, etc.)

Signature of Parent/Guardian _____
Date

 Printed Name _____
 Relationship