

Mirage Girls' Fastpitch Travel Softball

website: www.miragesoftball.com

email: miragesoftball@yahoo.com

Medical Treatment Consent Form

Athlete's Name: _____

I hereby authorize the coaches and organizing members of the **Mirage Girls' Fastpitch Travel Softball Team** to act for me according to their best judgement in any emergency requiring medical attention. I also hereby authorize the transportation to and hospitalization at an accredited hospital if deemed reasonably necessary to provide the proper care for and treatment of any injury sustained by the above named athlete.

I also hereby grant permission for qualified first-aid personnel and/or licensed health care professional (i.e. paramedic, EMT, nurse, or physician) to render any preventative medical treatment to protect the health and well-being of the above named athlete.

Signature of Parent/Guardian

DATE

Additional Information

Athlete's Social Security Number: _____

_____/_____/_____

Date of Birth: ____/____/_____

Name of Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) Address: _____

City/Town _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail address _____

Medical Coverage:

Group Insurance Carrier _____

Primary Insured _____

Group Number _____ Primary Insured ID # _____

Emergency Contact Information

Contact #1:

Name _____ Relationship _____ Home Phone _____ Work/Cell Phone _____

Contact #2:

Name _____ Relationship _____ Home Phone _____ Work/Cell Phone _____

Other Medical Information

Please identify any current medical treatment or prescription medication the athlete may be under treatment for:

