



BASIBALL

Athlete Medical Information

Sport: _____

Name: _____ Birthday: _____

Sex: [M] [F] Grade: _____

Address: _____

Home Phone: _____

Name of Parent/Guardian: _____

Address (if different from above): _____

Home Phone: (mother) _____ (father) _____

Work Phone: (mother) _____ (father) _____

Cell Phone: (mother) _____ (father) _____

Player Cell Phone: _____

PERSON OTHER THAN PARENT/GUARDIAN TO CONTACT IN CASE OF AN EMERGENCY:

1. Name: _____ Relation: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

2. Name: _____ Relation: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

FAMILY PHYSICIAN INFORMATION:

Physician Name: _____ Specialty: _____

Address/Location: _____

Phone: (office) _____ (emergency) _____

INSURANCE COMPANY INFORMATION:

Primary: _____ Policy # _____

Secondary: _____ Policy # _____

SPECIFIC MEDICATION, ALLERGIES, MEDICAL PROBLEMS OF THE ATHLETE:

I understand that in the event the parent/guardian cannot be reached, the school or representative of school has my permission to take appropriate emergency medical action including call 911.

Signature of Parent/Guardian