

# CAMP HILL GIRL'S SOFTBALL LEAGUE

## EMERGENCY MEDICAL INFORMATION AND TREATMENT RELEASE

Player Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent(s) Work Phone(s) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

In case of an emergency and a parent can not be contacted, please contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your child wear glasses: \_\_\_\_\_ or Contacts lenses: \_\_\_\_\_

Does your child have allergies? If yes, list the allergies and treatment.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have asthma? If yes, list symptoms and treatment.

\_\_\_\_\_  
\_\_\_\_\_

Is your child on any medication? If yes, list medication and dosage.

\_\_\_\_\_

Are there any other medical conditions or previous injuries that the coach should be aware of? \_\_\_\_\_

\_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an injury, I authorize my child's coach \_\_\_\_\_ to arrange any necessary treatment.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_