



# PLAYER MEDICAL FORM

## Welcome to Pro Style Baseball Training

We ask that you please take the time to fill out our Player's Emergency Contact Form. It will be your responsibility to make sure this form is updated when/if any changes to your contact information occurs.

### Player/Parent Information

Player Name: \_\_\_\_\_

Player Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Player Gender: Male | Female

\_\_\_\_\_

### Contact Information

Parents Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parents/Guardian Name: Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_



**Parent of Legal Guardian Authorization**

In case of an emergency, if family physician cannot be reached, I \_\_\_\_\_ (state relationship to player) \_\_\_\_\_, hereby authorize my child to be treated by certified emergency personnel (i.e, EMT, First Responder, ER Physician).

Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Insurance: \_\_\_\_\_

Policy#: \_\_\_\_\_

Group# \_\_\_\_\_

**Please list any allergies or medical concerns, including those that require maintenance medication (i.e, Diabetes, Asthma, Epilepsy)**

In case you cannot be reached in an emergency, please provide an alternative contact.

Alternate Contacts Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

