



# Topeka Baseball and Softball Association

Topeka, Kansas ○ established 2014

[www.topekabaseballandsoftball.com](http://www.topekabaseballandsoftball.com)

## Medical Release for Emergency Treatment

PLAYER'S NAME

DATE OF BIRTH

PRINT NAME PARENT/GUARDIAN

TODAY'S DATE

I, the undersigned parent or guardian, hereby agree and consent that in the event of an accident or injury to my child, identified above, while participating in activities sponsored by Topeka Baseball and Softball Association and in the absence or unavailability of such parent or guardian, a Topeka Baseball and Softball Association representative or coach shall be authorized to direct any health care provider or administer any treatment; or to administer such anesthetics; and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of said child.

PARENT OR GUARDIAN SIGNATURE

### Player's Health Information:

Allergies: N Y \_\_\_\_\_

Pre-existing Conditions: N Y - List \_\_\_\_\_

Regular Medication: N Y - List \_\_\_\_\_ Last Tetanus: \_\_\_\_\_

Hospital Preference: Stormont Vail St. Francis Hospital

Player's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Health Insurance Information:

Name of Insurance Carrier: \_\_\_\_\_

Policy Holders Name: \_\_\_\_\_

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

Employed By: \_\_\_\_\_

### Emergency Contact Information:

Name	Relationship	Phone#
DAD- _____	_____	_____
MOM- _____	_____	_____
_____	_____	_____
_____	_____	_____

League Representative will verify that this form is completed. It will be retained by Coach/Manager for safekeeping and used if needed.