

Roseville PONY Baseball

Emergency Medical Information Form

Please supply important information your Manager may need in case of injury or illness to your child. With your consent, this information may accompany your child to the Emergency Room if needed.

Players Name: _____ Phone: _____
Legal Guardian(s): _____ Relation: _____
Emergency Contact: _____ Phone: _____
Medical Insurance Company: _____ Policy#: _____
Doctor's Name: _____ Phone: _____
Dentist's Name: _____ Phone: _____
Hospital Preference: _____

For each of the following questions, please write-in problem or "None"

Present medical problems: _____
Any physical limitations: _____
Dangerous Allergies (Bee stings, medicines, etc.): _____
Current daily medications: _____
Eyes (Glasses, Contacts, etc.): _____
Ears (Hearing loss, ruptured eardrum, etc): _____
Recurring injuries (Ankles, knees, etc.): _____
The year of the most recent Tetanus Immunization: _____

Please indicate if your child has any of the following diseases and current medications needed

Asthma/Respiratory: _____
Diabetes/Hypoglycemia: _____
Epilepsy/Convulsions: _____
Heart problems: _____
Hemophilia/Free bleeding: _____
Any other important medical information not stated above: _____

Parental Permission for Emergency Medical Treatment:

As the legal guardian for the above-named player, I do hereby grant permission for my minor child to be treated for any emergency condition that occurs in my absence as deemed appropriate by the adult Manager, Coach, and Business Manager of the Team. I realize that reasonable efforts will be made to contact me as soon as possible. This permission includes first-aid provided by the Manager and/or their assistants. The information as stated on this form may be provided to a Hospital or Emergency Medical Care Physician. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Roseville PONY Baseball Organization, Pony Baseball, Inc.: the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to the player, so named on this form.

Signed: _____ Date: _____

Please Print your Name: _____ Relation: _____

Note: This form must be completely filled out and turned in to the Division Player Agent before the player (as named on form) can begin to practice or play PONY Baseball.

“Protect Our Nations Youth”