

Roseville PONY Baseball Emergency Medical Form

Complete all required fields before practice or play. Use "N/A" when a field does not apply. Required fields marked with *

1. Player Information

Player Name *

Date of Birth

Player Phone

Team / Division

Season / Year

Primary Language (optional)

2. Parent / Legal Guardian & Emergency Contacts

Guardian / Parent #1 *

Relationship

Phone *

Guardian / Parent #2

Relationship

Phone

Emergency Contact (if guardian unavailable) *

Relationship

Phone *

3. Insurance & Medical Providers

Medical Insurance Company

Policy Number

Primary Doctor / Clinic

Phone

Preferred Hospital

Dentist (optional)

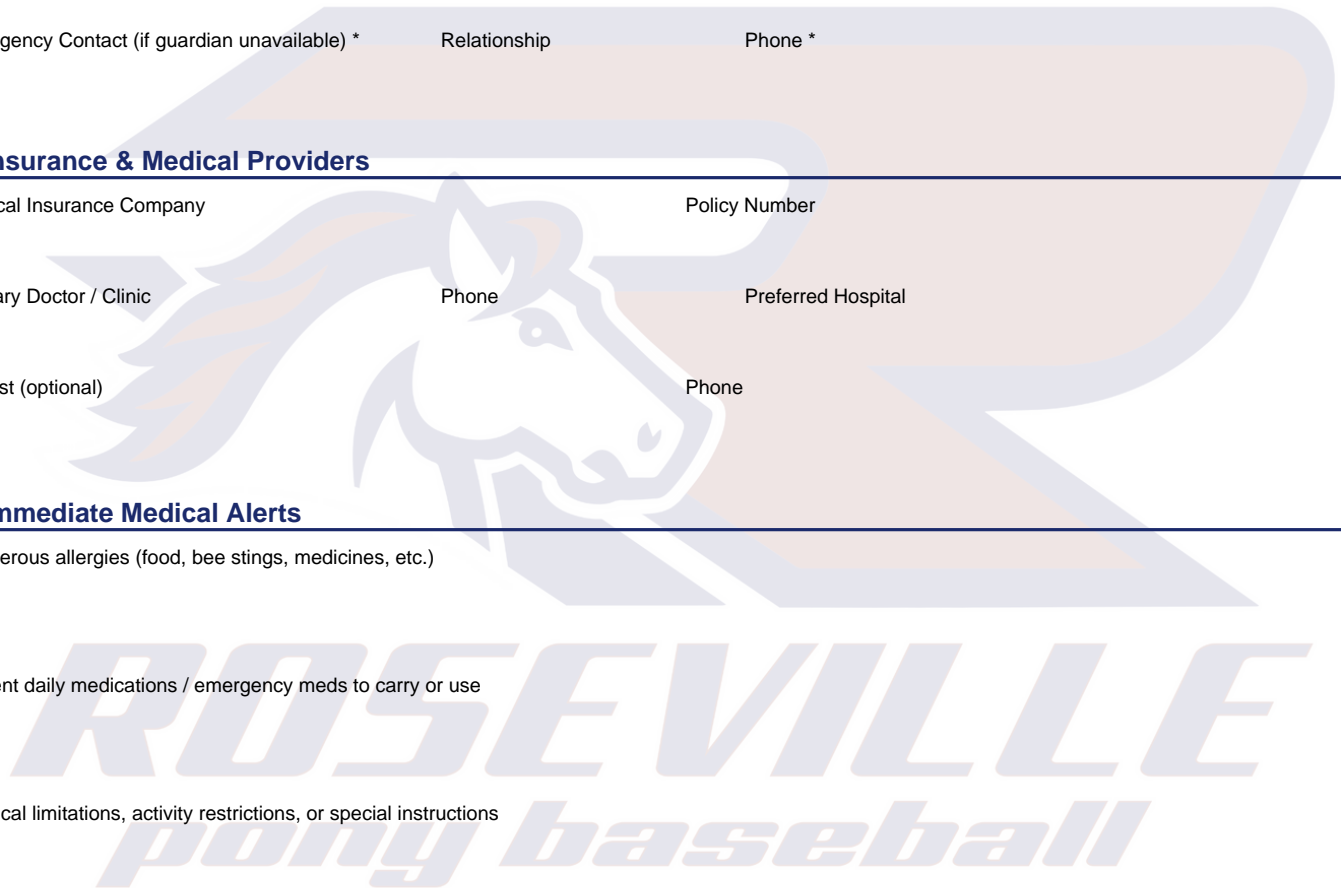
Phone

4. Immediate Medical Alerts

Dangerous allergies (food, bee stings, medicines, etc.)

Current daily medications / emergency meds to carry or use

Physical limitations, activity restrictions, or special instructions



Roseville PONY Baseball Emergency Medical Form

Medical history, authorization, and signatures

5. Medical History & Health Details

Present medical issues / diagnosis history

Vision / hearing / recurring injuries / previous concerns

Most recent tetanus immunization year (if known)

Unknown

Check any condition that applies:

Asthma / Respiratory

Diabetes / Hypoglycemia

Epilepsy / Convulsions

Heart Problems

Hemophilia / Bleeding Disorder

Other medical condition

Condition / medication / emergency response notes

Other important medical information not listed above

6. Consent for Emergency Medical Treatment

I am the legal guardian of the player listed on this form. In my absence, I authorize the team manager, coaches, and emergency medical personnel to provide or arrange first aid and emergency medical treatment that they consider reasonably necessary. I understand reasonable efforts will be made to contact me as soon as possible.

I authorize the information on this form to be shared with emergency responders, physicians, and hospital personnel for the purpose of treatment during league activities and travel to and from those activities.

I have read and agree to the emergency medical authorization above.

7. Parent / Guardian Signature

Printed Name *

Relationship to Player *

Date *

Signature (type full name or apply digital signature after saving) *

8. Team Use / Final Review

Form reviewed for completeness

Emergency contact copy available

Reviewed by (Team Parent / Manager)

Review Date

Notes

Required fields are marked with an asterisk (*).

For fields that do not apply, enter "N/A" or check "Unknown" where available.

Save a copy after completing the form. Some PDF viewers support typed signatures; others may require a handwritten signature after printing.