



Medical Permission Form

I hereby give permission for my child, _____
to participate on the Hoover Baseball Club Team. I give my permission for my child to
be given emergency medical treatment in the event of any injury. I will assume the
responsibility for any medical treatment that he/she may need in the event of an injury
occurring while at practice or participating in a baseball game.

Signature of Parent or Guardian Date

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PLAYER MEDICAL INFORMATION

Player Name Current Age Date of Birth (attach certificate)

Family Doctor Office # Health Insurance # (attach copy of card)

Medications Allergies

Medical History/ Previous Injuries

Does the player carry and know how to administer his own medications? Yes No

Other Conditions (Braces, Contacts, Glasses, etc.) _____

Additional Instructions or Information: _____

NOTE: Medical information is confidential. Only authorized individuals should have access to this information. Keep this with team at all times

FAMILY INFORMATION

Mother's Name: _____ Home #: _____

Cell #: _____ Work #: _____

Email Address: Home _____

Work _____

Father's Name: _____ Home #: _____

Cell #: _____ Work #: _____

Email Address: Home _____

Work _____

Home Address: _____

Street

City

State

Zip Code

Emergency Number (If Parents Cannot Be Reached)

Name: _____ Phone #: _____

Relationship: _____
