

SANDLOT BASEBALL CAMPS, LLC

I, _____, hereby give permission for any and all medical attention to be administered to my child, _____. In the event of accident, injury, sickness, etc., under the direction of the Sandlot Baseball Camps, LLC, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS: _____
HOME PHONE: _____ CELL PHONE _____
INSURANCE : _____
POLICY #: _____

Emergency Contact, in case you cannot be reached.

_____ PHONE # _____

PHYSICIAN: _____
ADDRESS: _____
PHONE: _____
KNOWN ALLERGIES: _____
MEDICATIONS: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent of _____, we hereby give our consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of _____.

Signature

Date

T-Shirt Size _____