

HUTCHINSON JUNIOR LEAGUE BASEBALL ASSOCIATION

CONSENT TO TREAT

This is to certify that on this date, I _____, as parent or guardian of _____, give my consent to HJLBA and it's medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete, for any injury that could arise from participation in HJLBA sanctioned events.

If said athlete is covered by any insurance company, please complete the following.

Name of Carrier: _____

Address: _____

Policy Number: _____

Signed: _____

Relationship to Athlete: _____

Home Address: _____

Phone: (_____) _____ - _____

Date: _____

Please fill out the Medical History Form on page 2

MEDICAL HISTORY FORM

Name: _____ Date: _____

Address: _____ Birth date: _____

Daytime Phone: _____ Evening Phone: _____

Hospital of Choice: _____

PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or way yes, please describe the problem and its implications for proper first aid treatment on the back.

Have you had (or do you presently have) any of the following?

Head injury (concussion, skull fracture)	Yes	No
Fainting spells	Yes	No
Convulsions/epilepsy	Yes	No
Neck or back injury	Yes	No
Asthma	Yes	No
High blood pressure	Yes	No
Kidney problems	Yes	No
Hernia	Yes	No
Diabetes	Yes	No
Hear murmur	Yes	No
Allergies	Yes	No

Specify: _____

Injuries to:

Shoulder	Yes	No
Knee	Yes	No
Ankle	Yes	No
Fingers	Yes	No
Arm	Yes	No

Other: _____

Impaired vision	Yes	No
Impaired hearing	Yes	No

Other:

Have you had a recent tetanus booster? Yes No If so, when? _____

Are you currently taking any medications? Yes No What? Why?

Has the doctor placed any restrictions on your activity? Yes No

Explain _____

Signed: _____ Date: _____

(Athlete)

Signed _____ Date: _____

(Parent)