

AMERICAN LEGION BASEBALL PLAYERS EMERGENCY INFORMATION

Player's Name _____ Birth Date _____

Parent's Name _____

Home Address _____

Home Phone _____ Work Phone _____

Family Physician _____

Address _____ Phone _____

Hospitalization Insurance _____

Date of last physical examination _____

History of Diabetes or Epilepsy _____

Allergies (Sulfa, Penicillin, etc.) _____

Parent's Permission to Administer Anesthetic and/or Emergency Treatment as required: Yes No

Signature of Parent or Guardian _____

Date of Signature _____

Office Use Only

Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Passport	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handbook	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Player's Contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fundraising Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No