

## 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

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