

MEDICAL TREATMENT PLAN

Due to state and federal hospital regulations, children under the age of 18 may not receive treatment without parental consent. Therefore, your permission is so requested.

As a participating member of the Virginia Legacy Elite Softball Team, John Schropp and/or _____ Team Representative has my/our permission to receive medical treatment in the event of any injury. This will apply to hospitals and physicians when the team travels.

_____/_____
Parent(s) or Legal Guardian(s) Home Phone

Work Phone(s): _____
Mother Father

Cell Phone(s): _____
Mother Father

ELIGIBILITY AND MEDICAL INFORMATION

NAME: _____ AGE: _____
HOME ADDRESS: _____

DATE OF BIRTH: _____

HEALTH INS CARRIER: _____ POLICY #: _____

DOCTOR'S NAME: _____ PHONE #: _____
ADDRESS: _____

ALLERGIES:

MEDICAL ALERTS: