



## MEDICAL CONSENT

**Green Mountain Junior Baseball Association**  
WWW.GMJBA.ORG

Consent to receive medical treatment in case of an illness or injury

This authorization for medical treatment will only be used in the event that a parent or legal guardian is not present or cannot be contacted should your child become injured or ill.

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ Home #: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Other Emergency Contact if Parents/Legal Guardians unavailable:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Health Restrictions/Concerns: \_\_\_\_\_

### **Insurance Information:**

Insurance Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Insured Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Plan #: \_\_\_\_\_

**I** \_\_\_\_\_ *parent/legal guardian of* \_\_\_\_\_

***Agree to allow said player to receive medical treatment in case of an illness or injury while participating in GMJBA games or practices, only in the event that a parent or legal guardian cannot be contacted or other emergency contacts are unsuccessful.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_