



Emergency Contact/Consent to Treat/Medical History/Photo Release Form

Player's Name: _____

Age: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Phone #: _____

Alternative Phone #: _____

Home Address: _____

Physician's Name: _____

Physician Phone #: _____

Hospital of Choice: _____

While participating in St. Peter Baseball Association (SPBA), I hereby give permission to the coach, or an adult designated by the coach, to call a doctor or take my child to the nearest medical clinic or hospital in case of an emergency. I also consent and authorize the administration of all treatment and test that may be considered advisable and necessary in the judgement of the attending physician.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: _____

Policy Number: _____

Parent/Guardian Signature: _____

Date: _____

Medical History (Optional):

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

- Head Injury/Concussions
- Fainting Spells
- Convulsions/Epilepsy
- Neck or Back Injury
- Asthma
- High Blood Pressure

- Kidney Problems
- Hernia
- Heart Murmur
- Diabetes
- Allergies – List: _____
- Other – List: _____

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

- Have you had a recent tetanus booster? If yes, please list date: _____
- Are you currently taking medications? If yes, please list: _____
- Has a doctor placed any restrictions on your activity? If yes, please list: _____

Web Page, Newspaper, Facebook Release Form

We understand the preference of parents to have or not have photos or name of players publicly displayed. Please indicate your preference on the form below. While every effort will be made to honor your request, please understand that errors may happen.

- I Do authorize the release of my player's name and photograph to be used in newspaper submissions, St. Peter Baseball Association website, and on St. Peter Baseball Association Facebook.
- I Do Not authorize the release of my player's name and photograph to be used in newspaper submissions, St. Peter Baseball Association website, and on St. Peter Baseball Association Facebook.

Name of Player (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

This form is confidential and will be shredded after the 2020 season is complete.