

**2010 Consent For Medical Care
Tigard-Tualatin Babe Ruth League, Inc.**

Date: _____

As the Parent or Legal Guardian of: _____, I hereby give my consent for any emergency Medical Treatment as approved by the Team Manager or other adult escort, in the case of illness or injury while participating in all levels of practice, travel, and play, during the 2010 season for Tigard-Tualatin Babe Ruth Baseball League, Inc. I understand that this is to prevent undue delay and assure prompt treatment and that only a licensed Physician will be engaged for such emergency.

Signature

Relationship

Print Your Name

Home Phone

Street Address

Work Phone

City, State, Zip Code

Cell Phone

**PLAYERS SHOULD BE COVERED UNDER A PRIMARY INSURANCE POLICY.
Tigard-Tualatin Babe Ruth League Coverage is Secondary coverage,
unless there is no primary insurance coverage.**

Name of Insurance Company

Group or ID Number

Parents will be notified in case of serious illness or injury as quickly as they can be reached. The intent of this consent is to facilitate prompt treatment. In the event we are unable to reach the parent and/or guardian indicated above, please contact the following alternate:

Print Name

Home Phone

Relationship

Work Phone

Cell Phone

Your child's welfare is important to your team's manager and coach. If your child suffers from any health conditions, allergies, diabetes, etc. which might affect his safety, please describe these condition or symptoms and any special instructions in the space below.

TTBR WILL MAKE EVERY EFFORT TO KEEP THIS INFORMATION CONFIDENTIAL.

