



ELKHART TITANS
RELEASE
AND
CONSENT FOR MEDICAL TREATMENT

I/We _____
are the parent(s) or legal guardian(s), with legal custody of

_____.

Home phone _____

Full Address _____

give permission for my/our son to participate in the Elkhart Titans Baseball Club. I/we assume responsibility for any injuries to my/our son that occurs while he is involved. I/we agree to not hold liable Elkhart Titans Baseball, any of its members, affiliates, or representatives nor any member of the Titans' coaching staff for any and all incidents arising from my/our child's participation.

In case of accident, illness or other emergency, I/we give permission for a licensed doctor, or emergency treatment center selected by the representative, to administer any necessary attention and medical treatment to my/our child. If necessary, I/we give permission for the representative to call paramedics immediately and contact me/us as soon as possible. I/we agree to assume the financial responsibility for any and all expenses incurred as a result of those services provided.

We understand that every effort will be made to contact us should the nature of an injury warrant it.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Medical Information

Father's cell _____

Mother's cell _____

Physician _____

Physician's city _____

Physician's Phone _____

Dentist _____ Phone _____

Preferred hospital _____

Insurance Company _____

Policy # _____

Allergies (including medications) _____

Child is presently taking the following medications (and reason):

I give the representative permission to give Ibuprofen to my child as deemed necessary. Yes___ No___

If no, permission to give Tylenol? Yes___ No___

Any additional information _____
