

Youth Baseball – Spring 2009
P.O. Box 4475, Carlsbad, CA 92018 •
www.CarlsbadYouthBaseball.org • Voicemail: 599-3210

Consent for Medical Treatment (Minor)

As parent or legal guardian of the below named player, I hereby consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child or dependent.

Signature of Parent or Guardian: _____

Player's Name: _____

Emergency Contact(s) (name/phone): _____

Family Doctor (name/phone): _____

Family Dentist (name/phone): _____

Parent/Guardian Signature: _____

Date: _____