



Altoona Area Baseball Association, Inc.
P.O. Box 1263
Altoona, PA 16603
814 944-6862
<http://www.altoonabaseball.com>



Player Medical Information

(NOTE: To be carried by any Regular Season or Tournament Team Manager at all times)

Player: _____ Age: ___ Date of Birth: ___ / ___ / ___
Team: _____

Parent/Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name : _____ Phone: _____ Cell: _____

Name : _____ Phone: _____ Cell: _____

Known Allergies/Medical Conditions: _____

Special Medications: _____

I do hereby authorize the Altoona Area Baseball Association to use their best judgment in the event of a serious injury if I or my emergency contacts are unavailable.

Parent/Guardian Signature: _____

Date: ___ / ___ / ___

* A new information sheet must be filled out yearly, and every time information changes