



A Non-Profit Corporation

2012 Player Medical Treatment Form

Player: _____ Ht: _____ Wt: _____ DOB: _____

Mother's Name: _____ Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Mother's cell: _____ Father's cell: _____

Emergency contact: _____ Phone: _____

Family Doctor: _____ Phone Number: _____

Family Medical Insurance: _____

Policy Number: _____ Date / Last Physical: _____

Do you have a history of diabetes or epilepsy? _____ Yes _____ No

If yes, explain: _____

List Medications you are allergic to: _____

I, _____, give permission to administer anesthetic and /
or treatment as deemed required by the attending physician.

Parent / Guardian Signature

Date

Notary Signature

Date

Please complete this form and either email it to allamericanprospects@yahoo.com or mail it to the address listed below:

All American Prospects Baseball, Inc.

c/o David Parra

165 53rd Ct. SW

Vero Beach, FL 32968