

BROCKTON ROX BASEBALL CLINIC EMERGENCY CONTACT &

MEDICAL HISTORY FORM

How did you hear about Rox Youth Baseball Clinic? : _____

Please bring this form on the first day of the clinic.

Name of Camper: _____ Gender: _____

Birthdate of Camper: ____/____/____ Age of Camper on: _____

Street: _____ Town: _____ Zip: _____

Social Security Number of Camper: _____

Parent/Guardian: _____ Best Phone #: ____-____-____

Emergency Contact: _____ Best Phone #: ____-____-____

Relationship to Camper: _____ 2nd Phone #: ____-____-____

Street: _____ Town: _____ Zip: _____

2nd Emergency Contact: _____ Best Phone #: ____-____-____

Relationship to Camper: _____ 2nd Phone #: ____-____-____

Street: _____ Town: _____ Zip: _____

Parent/Guardian Authorization: This health history is correct and complete as far as my knowledge. The person herein described has permission to engage in all clinic activities except as noted in the following pages. I hereby give permission to the Brockton Rox Clinic to provide routine health care, administer prescribed medications and seek emergency medical treatment including the ordering of X-Rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the Brockton Rox Clinic to arrange necessary emergency related transportation for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician and/or medical personnel to secure and administer treatment, including hospitalization for the above names participant. This completed form may be photocopied for trips out of the clinic.

Signature of Parent/Guardian: _____ Date: ____/____/____