

**MEDICAL TREATMENT PLAN**

Due to state and federal hospital regulations, children under the age of 18 may not receive treatment without parental consent. Therefore, your permission is so requested.

As a participating member of the Virginia Legacy Elite Softball Organization, \_\_\_\_\_  
\_\_\_\_\_ has my/our permission to receive medical treatment in the event of any injury. This will apply to hospitals and physicians when the team travels.

\_\_\_\_\_  
Parent(s) or Legal Guardian(s) Home Phone

Work Phone(s): \_\_\_\_\_  
Mother Father

Cell Phone(s): \_\_\_\_\_  
Mother Father

**ELIGIBILITY AND MEDICAL INFORMATION**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HEALTH INS CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ALLERGIES:

MEDICAL ALERTS: