2024-2025
Michigan Storm Softball, LLC
MEDICAL CONSENT

Legal Name of player (must match birth certificate):

Last_____ First_____ Date of Birth_____

Address_____ City: _____ State:_____ Zip:_____

Phone #_____ School_____

Father/Guardian_____ Cell #_____

Employer_____ Work #_____

Mother/Guardian_____ Cell #_____

Employer_____ Work #_____

Name of Primary Medical Insurance Company: _____

Policy/Contract number: _____ Group number of the policy:_____

PARTICIPANT MEDICAL HISTORY (please circle)

1. Are there any past surgeries or scheduled surgeries?	Yes	No
2. Does the participant have any allergies (penicillin, bee stings, etc)?	Yes	No
3. Does the participant have asthma/require the use of an inhaler?	Yes	No
4. Is the participant diabetic/require medication for diabetes?	Yes	No
5. Does/has the participant have/had seizures?	Yes	No
6. Does the participant wear a brace or other medical support device?	Yes	No

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space to assist your coach with any medical concerns:

_____
_____

FITNESS TO PARTICIPATE
Participation in softball may subject me to physical exertion. I hereby state that (unless I have informed Michigan Storm Softball otherwise in writing) I am physically fit to participate in this activity. I have also provided Michigan Storm Softball or team coach with written information regarding any health or medical conditions I have, including prescriptions, and consent to this information being disclosed to any health care provider in connection with any treatment I receive.

EMERGENCY AUTHORIZATION
I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, board members, or parents of team members acting in the capacity of activity supervisors and mentors to consent to medical, surgical or dental examination and/or treatment in the event that the parent cannot be contacted and hereby assume the expenses of such care.

_____	_____	_____
PLAYERS SIGNATURE	STORM TEAM NAME/AGE GROUP	DATE
_____	_____	_____
PARENT SIGNATURE	PARENT SIGNATURE	DATE

If there is an emergency and I am unreachable, the following individual is hereby authorized to act on my behalf.

_____	_____	_____
NAME	RELATIONSHIP TO PLAYER	CELL #