



Medical Release Form

Please print clearly:

*Player Name:		Date:
*Birth Date:	*Age according to Little League calendar:	*Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Parent/Guardian Name:		*Relation:
*Cell #:	*Home/Alternate #:	Address:
*Email :		

In case of emergency contact:

*Name:	*Cell #:	Home #:
*Email:		*Relation:
*Name:	*Cell #:	Home #:
*Email:		*Relation:

Medical Information:

Family Physician:	Phone:	Hospital:
Insurance Company:		Insurance/Medical Record #:
*List any allergies/medical problems and/or diagnosis including those requiring medication (i.e. Diabetic, Asthma) the player may have:		

The purpose of the above information is to ensure that medical personnel have details of any medical problems that may interfere with, or alter, treatment.

WARNING

Protective equipment cannot prevent all injuries a player might receive while participating in Baseball. The parent/guardian, by signing this medical release form, is informed that the player is subject to any injury that is inherent in this sport. Each male player must wear at least an athletic supporter at all practices and games.

AUTHORIZATION

In case of emergency, I hereby authorize by signing below that my child is to be treated by Certified Emergency personnel. (i.e. EMT, First Responder, E.R. Physician) In the event of an accident or other emergency, and when a parent/guardian is not available, I hereby authorize the manager/coach to make such arrangements that he/she considers necessary for my child to receive medical and hospital care, including necessary transportation. By signing below, I affirm that I understand the authorization I have executed, that the information provided on this form is accurate, and that I authorize the carrier of this form to seek medical attention in my absence for my above listed child.

*Authorized Parent/Guardian Signature

*Date

Medical Release Authorization Form is to be carried by the team Manager.

* = mandatory