



Allendale Little League

P.O. Box 295
Allendale, MI 49401



Medical Release Form

NOTE: To be carried by team managers to all practices and games.

Players Name: _____ Date Of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Hospital Preference: _____

Physician Address: _____ City: _____ State: _____ Zip: _____

Parent Insurance Co: _____ Policy No: _____ Group ID# _____

Parent (s)/Guardian Name: _____ Relationship: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name: _____ Phone: _____ Relationship to Player: _____

Name: _____ Phone: _____ Relationship to Player: _____

Please list any allergies/medical problems, including those requiring maintenance medications. (I.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency Of Dosage

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

Authorized Parent/Guardian Signature _____ **Date:** _____

For League Use Only:

Division: _____ Team: _____ Date: _____ Baseball: _____ Softball: _____

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball /Softball.