

Medical Release

(Note: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit at all practices/games.)

Player's Name: _____ Date of Birth: _____

League Name: _____ League ID No.: ____ - ____ - ____

Parent or Guardian Authorization:

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

Family Physician: _____ Phone: (____) _____

Address: _____ City: _____

Hospital Preference: _____

In case of emergency, contact:

Name Phone (Work) Relationship to Player

Phone (Home) Phone (Cell) Pager Number

Name Phone No. Relationship to Player

Phone (Home) Phone (Cell) Pager Number

Please list any allergies/medical problems, including those requiring maintenance medication: (i.e. diabetic, asthma, seizure disorder)

Medical Diagnosis Medication Dosage Frequency of Dosage

Allergies: _____

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

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs. _____ **Date:** _____

Authorized Parent/Guardian Signature

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

Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender or religious preference.