

# Chelmsford Youth Baseball Medical Release Form

In case of emergency, and if the family physician cannot be reached, I hereby authorize that

\_\_\_\_\_, born \_\_\_\_\_, may be treated by  
[Player's name] [Date of birth]

another qualified licensed physician who is available. I also authorize the following manager and coaches

\_\_\_\_\_ [Manager]

\_\_\_\_\_ [Coach]

\_\_\_\_\_ [Coach]

\_\_\_\_\_ [Coach]

to obtain this treatment in an emergency.

\_\_\_\_\_  
Family Physician Telephone

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Blood Type

\_\_\_\_\_  
Date of Last Tetanus Toxoid Booster

\_\_\_\_\_  
Signed (Parent or Guardian) Date

Chelmsford Youth Baseball ID Number: 221-14-03 OR 221-14-21

**NOTE:** This form must be completed, signed and returned to the team manager prior to any participation in a practice or game. The team manager or a coach must bring this signed form to all practices, games or other scheduled events.