

**SOMERSET HILLS LITTLE LEAGUE
MEDICAL RELEASE/EMERGENCY INFORMATION - 2014**

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

Parents - this form resides with child's coach once league play begins. **One form per child, please!**

Child's First and Last Name: _____ Age: _____

Division of Play: _____

Parent/Guardian: _____

Address: _____ Town: _____

Home Phone: _____ Cell #1: _____ Cell #2: _____

Family Physician: _____

Medical Policy (Co. Name and Plan #): _____

Medical Plan Phone: _____

Emergency Contact Name (Not a Parent): _____

Relationship to Child: _____ Phone: _____

Please list any allergies/medical problems including any requiring maintenance medication (i.e., Diabetic, Asthma, and Seizures). This information is to ensure that medical personnel have details of any medical problems which may interfere with treatment.

Medical Diagnosis: _____ Medication: _____

Dosage: _____ Frequency of Dosage: _____

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Somerset Hills Little League, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with baseball/softball and, in consideration of Somerset Hills Little League accepting the registrant for its programs and activities, I hereby release, discharge and/or otherwise indemnify Somerset Hills Little League and associated personnel against any claims by or on behalf of the registrant as a result of the registrant's participation in the programs. I, parent/guardian certify that said minor has had regular check-ups by his/her physician and is physically fit to play baseball/softball. I understand as the parent/guardian that my child in the event of an emergency where my child may require immediate treatment, that this treatment may be administered by the coach, a Somerset Hills Little League official, or a duly licensed doctor or dentist under whatever conditions are necessary to preserve life, limb, or well being of the registrant.

Date of last tetanus booster: _____

Parent/Guardian Signature: _____ Date: _____

Print Your Name: _____

No child is eligible to play baseball/softball until this form has been received.