Little League Baseball and Softball

MEDICAL RELEASE

NOTE: To be carried by any Regular Season or Tournament Team Manager together with the team roster or eligibility affadavit.

Player: _____ Date of Birth: _____ Gender: _____

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

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

Player Address: _____ City: _____ State: ____ ZIP: _____

Home Phone _____ Work Phone: _____ Cell 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: _____ Phone: _____

Address: _____ City _____ State _____

Hospital Preference: _____

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

League Insurance Co: AIG Policy No: _____ League/Group ID #: 02070521

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 medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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.

Mr./Mrs./Ms.: _____ _____

Authorized Parent/Guardian Signature **Date**

FOR LEAGUE USE ONLY:

League Name: Wallingford Little League League ID: 02070521

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICPIATING IN BASEBALL/SOFTBALL.

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