



Little League. Baseball and Softball MEDICAL RELEASE FORM



NOTE: To be carried by any Regular Season or Tournament
Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____
 Parent/Guardian Name: _____ Relationship: _____
 Parent/Guardian Name: _____ Relationship: _____
 Player's Address: _____ City: _____ State/Country: _____ 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: _____ Phone: _____
 Address: _____ City: _____ State/Country: _____
 Hospital Preference: _____
 Parent Insurance Co.: _____ Policy No.: _____ Group ID#: _____
 League Insurance Co.: _____ Policy No.: _____ League/Group ID#: _____

If parent/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. Diabetes, 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. _____ Date: _____
 Authorized Parent/Guardian Signature