



MEDICAL RELEASE FORM

PLAYER NAME		DATE OF BIRTH		GENDER	
PARENT/GUARDIAN		RELATIONSHIP			
PARENT/GUARDIAN		RELATIONSHIP			
ADDRESS					
CITY/STATE/ZIP					
HOME PHONE		WORK PHONE			
CELL PHONE		EMAIL			

PARENT OR GUARDIAN AUTHORIZATION:

IN CASE OF AN EMERGENCY, IF FAMILY PHYSICIAN CANNOT BE REACHED, I HEREBY AUTHORIZE MY CHILD TO BE TREATED BY CERTIFIED EMERGENCY

FAMILY PHYSICIAN		PHONE			
ADDRESS		CITY/STATE/ZIP			
HOSPITAL PREFERENCE					
PARENT INSURANCE COMPANY		POLICY #		GROUP #	
LEAGUE INSURANCE COMPANY		POLICY #		GROUP #	

IF PARENT(S)/GUARDIAN CANNOT BE REACHED IN CASE OF EMERGENCY, CONTACT:

NAME				NAME			
PHONE		RELATIONSHIP TO PLAYER		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 TOXID 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.

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

PARENT/GUARDIAN SIGNATURE		DATE	
PLAYER'S SIGNATURE		DATE	