

Little League. Baseball and Softball M E D I C A L R E L E A S E

CER O COOL PROPERTY OF A LIVE

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

Player:	Date of Birth: _	Gend	er (M/F):		
Parent (s)/Guardian Name:		Relationship:			
Parent (s)/Guardian Name:		Relationship:			
Player's Address:	City:	State,	/Country:	Zip:	
Home Phone:	Work Phone:	Mobile Phone:			
PARENT OR GUARDIAN AUTHO	RIZATION:				
In case of emergency, if family phy Emergency Personnel. (i.e. EMT, Fi	vsician cannot be reached, I hereby au irst Responder, E.R. Physician)	uthorize my child to	be treated by 0	Certified	
Family Physician:		Phone:			
Address:	City:	State	State/Country:		
Hospital Preference:					
Parent Insurance Co:	Policy No.:	Group	Group ID#:		
League Insurance Co:	Policy No.:	Leagu	League/Group ID#:		
If parent(s)/guardian cannot be re	eached in case of emergency, contac	t:			
Name	Phone	Re	Relationship to Player		
Name	Phone	Re	Relationship to Player		
Please list any allergies/medical pro	blems, including those requiring mainten	ance medication. (i.e.	Diabetic, Asthm	a, Seizure Disorder	
Medical Diagnosis	Medication	Dosage	Frequer	ncy of Dosage	
			 		
Data of last Tatanus Toyaid Doorto			<u> </u>		
	r:				
	is to ensure that medical personnel have details	, .	vhich may interfere	with or alter treatme	
Mr./Mrs./Ms Authorized Pare	nt/Guardian Signature			Date:	
FOR LEAGUE USE ONLY:					
League Name:		League ID:			
Division:	Team:		Date:		