Little League. Baseball and Softball M E D ICAL RELEASE

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

Player: $\qquad$ Date of Birth: $\qquad$ Gender (M/F): $\qquad$
Parent (s)/Guardian Name: $\qquad$ Relationship: $\qquad$
Parent (s)/Guardian Name: $\qquad$ Relationship: $\qquad$
Player's Address: $\qquad$ City: $\qquad$ State/Country: $\qquad$ Zip: $\qquad$

Home Phone: $\qquad$ Work Phone: $\qquad$ Mobile Phone: $\qquad$
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: $\qquad$ Phone: $\qquad$
Address: $\qquad$ City: $\qquad$ State/Country: $\qquad$
Hospital Preference: $\qquad$
Parent Insurance Co: $\qquad$ Policy No.: $\qquad$ Group ID\#: $\qquad$ League Insurance Co:

AIG/LLB Policy No.: 011405742 League/Group ID\# 3432813

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 |
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|  |  |  |  |
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|  |  |  |  |

Date of last Tetanus Toxoid Booster: $\qquad$

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. $\qquad$
Authorized Parent/Guardian Signature
Date:

FOR LEAGUE USE ONLY:
League Name: $\qquad$ League ID:

Division: $\qquad$ Team: $\qquad$ Date: $\qquad$
WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING 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 religious preference.

