

# Eastlake Baseball League

## Medical Release

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

Player: \_\_\_\_\_ DOB: \_\_\_\_\_

League: \_\_\_\_\_ Division: \_\_\_\_\_

### 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, Physician).

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

### In case of emergency contact:

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

Childhood immunizations up to date? ☐ Yes ☐ No ☐ Unsure

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.

\_\_\_\_\_  
Authorized parent / Legal Guardian Signature

\_\_\_\_\_  
Date

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball.

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