

Nanticoke Rookie League Inc
MEDICAL RELEASE

Player: _____ **Date of Birth:** _____ **Gender (M / F):** _____

Parent(s)/Legal Guardian Name: _____ Relationship: _____

Parent (s)/Legal Guardian Name: _____ Relationship: _____

Player's Address: _____ **City:** _____ **State/Country:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Mobile Phone:** _____

Email: _____

In case of emergency, if family physicians 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# _____

Additional Contacts if Parent or Legal Guardian cannot be reached in case of emergency, contact:

Relationship to Player

Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication (i.e., Diabetic, Ashma, Seizure Disorder).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above-mentioned information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____

Date:

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