



# Little League® Baseball and Softball MEDICAL RELEASE



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

Player: Player Date of Birth: Date of Birth Gender (M/F): Gender MF

Parent (s)/Guardian Name: Parent sGuardian Name Relationship: Relationship

Parent (s)/Guardian Name: Parent sGuardian Name\_2 Relationship: Relationship\_2

Player's Address: Players Address City: City State/Country: St Zip:

Home Phone:  Work Phone:  Mobile Phone:

**PARENT OR LEGAL GUARDIAN AUTHORIZATION:** Email:

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: Family Physician Phone:

Address: Address City: City\_2 State/Country: StateCountry\_2

Hospital Preference: Hospital Preference

Parent Insurance Co: Parent Insurance Co Policy No.: Policy No Group ID#: Group ID

League Insurance Co: League Insurance Co Policy No.: Policy No\_2 League/Group ID#: LeagueGroup ID

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name	2	Relationship to Player
Name	Phone	Relationship to Player
Name_2	3	Relationship to Player_2
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
Medical DiagnosisRow1	MedicationRow1	DosageRow1	Frequency of DosageRow1
Medical DiagnosisRow2	MedicationRow2	DosageRow2	Frequency of DosageRow2
Medical DiagnosisRow3	MedicationRow3	DosageRow3	Frequency of DosageRow3
Medical DiagnosisRow4	MedicationRow4	DosageRow4	Frequency of DosageRow4

Date of last Tetanus Toxoid Booster: Date of last Tetanus Toxoid 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.

Mr./Mrs./Ms. Authorized Parent/Guardian Signature Signature Date Date:

**FOR LEAGUE USE ONLY:**

League Name: League Name League ID: League ID

Division: Division Team: Team Date: Date