

# Little League Baseball®

## Medical Release

(Note: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit at all practices/games.)

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

League Name: \_\_\_\_\_ League ID No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Parent or Guardian Authorization:

*In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).*

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

### *In case of emergency, contact:*

Name	Phone (Work)	Relationship to Player
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Phone (Home)	Phone (Cell)	Pager Number
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Name	Phone No.	Relationship to Player
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Phone (Home)	Phone (Cell)	Pager Number
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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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Allergies: \_\_\_\_\_

(The purpose of the above listed information is to ensure that medical personnel have details of any medical concern which may interfere with or alter treatment.)

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr./Mrs. \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized Parent/Guardian Signature**

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

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