LITTLE LEAGUE [®] BASEBALL AND SOFTBALL
MEDICAL RELEASE

19994



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

Player:	Date of Birt	n:	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 Ph	ione:		
PARENT OR LEGAL GUARDIA	NAUTHORIZATION:		Email:			
In case of emergency, if family phy Emergency Personnel(i.e. EMT, Fi			/ authorize my	child to be treated by Certified		
Family Physician:			Phone:			
Address:	City:		State/Country:			
Hospital Preference:						
Parent Insurance Co:	Policy No.:		Group ID#:			
League Insurance Co:	Policy No.:		League/Group ID#:			
If Parent(s)/Legal Guardian cannot be reached in case of emergency, contact:						
Name	Phone	Э		Relationship to Player		
Name		Phone		Relationship to Player redication (i.e. Diabetic, Asthma, Seizure Disorder).		
Medical Diagnosis	Medication		Dosage	Frequency of Dosage		
Date of last Tetanus Toxoid Booste	r:		-			
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	/Legal Guardian Signature			Date:		
FOR LEAGUE USE ONLY:						
League Name:League ID:						
Division:	Team:					
WARNING: PROTECTIVE EQUIPMENT	CANNOT PREVENT ALL INJURI BASEBALL/SOFTE	ES A PI BALL.	LAYER MIGHT R	ECEIVE WHILE PARTICIPATING IN		

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.