

Little League[®]

Baseball and Softball

Medical Release

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

Player: _____ Date of Birth: _____
 League Name: _____ I.D. Number: _____

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, E.R. Physician)
 Family Physician: _____ Phone: _____
 Address: _____
 Hospital Preference: _____
 In case of emergency contact:

Name	Phone	Relationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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.

Date of last Tetanus Toxoid Booster: _____
 Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature

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

Subscribed and sworn before me this _____ day of _____ 20__.

 NOTARY PUBLIC IN AND FOR THE
 STATE OF WASHINGTON RESIDING
 IN _____
 My commission expires _____

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.