



Little League Baseball

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: Truckee Little League	I.D. Number: 04280103

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 contacts:

Parent #1	Phone	Relationship to Player
Parent #2	Phone	Relationship to Player
Alternate Contact #1	Phone	Relationship to Player
Alternate Contact #2	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

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

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature

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

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