

Little League Baseball®

Medical Release

(To be carried by Regular Season or Tournament Team Manager
together with team roster or eligibility affidavit)

PARENTS: During the registration period, this form can be mailed to 9594 - 1st Ave NE #122, Seattle, WA 98115

PLAYER: _____ DATE OF BIRTH: _____

LEAGUE NAME: Roosevelt-University-Greenlake L. L. LEAGUE ID #: 4470814

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

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

Date of last Tetanus Toxoid Booster: _____

The purpose of the above 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 date

WARNING: Protective equipment does not and cannot prevent all injuries a player might receive while participating in baseball/softball activities.

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