



Medical Release for League & Tournament Play

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: Foothills Little League I. D. number: Not Applicable

Parent & 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

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

Table with 4 columns: 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.

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