



# 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: Portland Bayside Little League I.D. Number: 02190617

**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: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list any allergies/medical problems, including those requiring maintenance medications. (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.

**In case of emergency and parents cannot be reached contact:**

\_\_\_\_\_  
Name Relationship to Player

\_\_\_\_\_  
Phone Alternate Phone

\_\_\_\_\_  
Medical Insurance Company Policy Number

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

\_\_\_\_\_  
Authorized Parent/Guardian Signature

\_\_\_\_\_  
Printed Name Relationship to Player Phone

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

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.