



Medical Release Form

Player: _____ Date of Birth: _____ Gender (M/F): _____
 Parent (s)/Guardian Name: _____ Relationship: _____
 Parent (s)/Guardian Name: _____ Relationship: _____
 Player's Address: _____ City: _____ State/Country: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Mobile Phone: _____

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: _____ City: _____ State/Country: _____
 Hospital Preference: _____
 Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

 Name Phone Relationship to Player

 Name Phone Relationship to Player

Medical Diagnosis	Medication	Dosage	Frequency of Dose

Please list any allergies/medical problems, including those requiring maintenance medications. (i.e. Diabetic, Asthma, Seizure Disorder) Date of last Tetanus Booster:

 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.

Mr. /Mrs. /Ms.

 Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____
 Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.

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