

# Knights Baseball

Atlanta South Christian, Inc. 625 McBride Road, Fayetteville, GA 30215

## Medical Release Form Parent or Guardian's Authorization for Medical Treatment

**EXPIRATION: December 31, 2009**

In case of emergency, if family physician cannot be reached, I hereby authorize that my son,  
\_\_\_\_\_, (dob) \_\_\_\_\_ is to be treated by another qualified,  
licensed physician who is available.

Note: Reasonably good effort must be made to contact the parent or guardian.

Emergency facility of choice: \_\_\_\_\_

Note: Some insurance policies dictate the types and names of facilities to be used.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City

Allergies: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Address: \_\_\_\_\_  
Street City

Phone: \_\_\_\_\_  
Primary Alternates

**NOTE: To be carried by team manager at all times during games or scheduled practices.  
Carrying these forms will expedite any medical service for an injured player.**