

Long Valley Baseball Club

**2012 Travel Baseball
Medical Treatment Authorization Form**

As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone # _____ Cell Phone # _____

Evening Phone # _____

Date during which release is granted. From: April 1, 2012 To: December 31, 2012

Indicate specific medical conditions including allergies, chronic illnesses or other medical conditions that a coach and medical personnel should be aware of.

Other person to contact in case of emergency _____

Relationship to child _____

Daytime Phone # _____ Cell Phone # _____

Evening Phone # _____

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of parent/guardian _____

Date _____