

# Little League Baseball® Medical Release

(Note: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit at all practices/games.)

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

League Name: Plymouth Little League League ID No: 238-22-13

## Parent or Guardian Authorization:

*In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).*

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

## ***In case of emergency, contact:***

---

Name	Phone (Work)	Relationship to Player
------	--------------	------------------------

---

Phone (Home)	Phone (Cell)	Pager Number
--------------	--------------	--------------

---

Name	Phone No. (work)	Relationship to Player
------	------------------	------------------------

---

Phone (Home)	Phone (Cell)	Pager Number
--------------	--------------	--------------

Please list any allergies/medical problems, including those requiring maintenance medication:  
(i.e. diabetic, asthma, seizure disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage
-------------------	------------	--------	---------------------

---

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

(The purpose of the above listed information is to ensure that medical personnel have details of any medical concern which may interfere with or alter treatment.)

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

**Mr./Mrs:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 or religious preference.

**Parents/Guardians: Please complete the above medical information and provide this form to your child's Team Manager at the first team practice.**