

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:		I.D. Number:	
Parent or Guardian Authoriz	ration:		
In case of emergency, if fan to be treated by Certified Er			
Family Physician:		Phone:	
Address:			
Hospital Preference:			
In case of emergency conta	ct:		
Name	Phone		Relationship to Player
Name	Filone		Relationship to Flayer
Name	Phone		Relationship to Player
Please list any allergies/med medication. (i.e. Diabetic, A		iose requir	ing maintenance
Medical Diagnosis	Medication	Dosage	Frequency of Dosage
	ove listed information is to dical problem which may ir		
Date of last Tetanus Tox	oid Booster:		
Mr./Mrs./MsAuthorized	l Parent/Guardian Signatur	e	

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.

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