



Little League® Baseball and Softball Medical Release



NOTE: To be carried by a 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 AUTHORIZATION

FAMILY PHYSICIAN _____ PHONE _____

ADDRESS _____

HOSPITAL PREFERENCE _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Phone _____ Relationship to Player _____

Name _____ Phone _____ Relationship to Player _____

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

Medical diagnosis	Medication	Dosage	Frequency of dosage

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.

DATE OF LAST TETANUS TOXOID BOOSTER _____

Mr./Mrs./Ms. _____
Authorized parent or guardian signature

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

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.