

West Emerald Valley Little League

A chartered member of Little League Baseball, Inc., Williamsport, PA

League Identification Number: 437-07-128388 – West

MEDICAL INFORMATION AND RELEASE FORM

A COPY OF THIS FORM IS TO BE CARRIED BY THE REGULAR SEASON OR TOURNAMENT TEAM
MANAGER TOGETHER WITH THE TEAM ROSTER AND ELIGIBILITY AFFIDAVIT

Player's Name _____ Date of Birth _____

Parent or Guardian Authorization:

In the event of an emergency, if the parents/legal guardian, the family physician nor the emergency contacts can be reached, or if there is not time to reach the above mentioned people because of the seriousness of the emergency as assessed by those present, I hereby authorize that my child be treated by Certified Emergency Personnel to the extent necessary as determined by those same personnel.

Family Physician:

Name _____ Telephone _____

Address _____

Emergency Contacts:

Name _____

Telephone _____ Relationship to Player _____

Name _____

Telephone _____ Relationship to Player _____

Insurance Information (private insurance is NOT mandatory for participation)

Carrier _____

Group Number _____ Policy Number _____

Please list any medical problems, chronic medications and allergies

Medical Problems	Chronic Medications (include dose)	Allergies

Does your Child have an Allergy to Bee Stings? Yes No

Last Tetanus, Booster, if known _____

Does your child have any special needs that we should know about? _____

Signature of Parent/Legal Guardian _____ Date _____