



Medical Release

NOTE: To be carried by any Regular Season or Tournament Team Manager together with the HLL Safety Manual and Team Roster.

This form is to be completed and signed by the parents or legal guardian.

Player: _____ Date of Birth _____

League Name: Homer Little League I.D. Number: 232-07-03

If the child named above is injured or ill, I understand that the team manager or another authorized representative from Homer Little League will attempt to contact me, the other parent, or the legal guardian at the telephone number provided below.

Parent (legal guardian's) name(s): _____

Day Phone: _____ Evening Phone: _____

Day Phone: _____ Evening Phone: _____

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name Phone Relationship to player

Name Phone Relationship to player

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First responder, ER Physician and to be transported to the nearest hospital if necessary.

Signature: _____ Date: _____

Medical Insurance Plan: _____ Date of last Tetanus Shot _____

Group Number: _____ ID Number _____

Please list any allergies/medical problems, including those requiring maintenance-medication (i.e. Diabetic, Asthma, Seizure Disorder, etc.)

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.