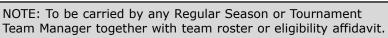


Little League Baseball_®

Medical Release





Player:		Date of Birth:	
League Name:		I.D. Number:	
Parent or Guardian Author	rization:		
In case of emergency, if facility to be treated by Cert Physician)			
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 problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)			
Medical Diagnosis	Medication	Dosage	Frequency of Dosage
have details of any med	 ve listed information is to ical problem which may ir	iterfere wi	th or alter treatment.
Date of last Tetanus Toxoi			
Mr./Mrs./MsAuthorized 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, sexual preference or religious preference.