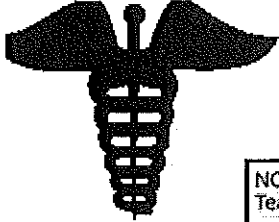
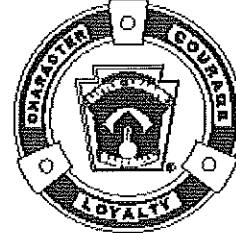


* = Required Field (child cannot be registered without information completed)



Little League Baseball®

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: * _____
 SPALL DIVISION: * _____ I.D. Number: ON FILE WITH SPALL

Parent or Guardian Authorization:

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, E.R. 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

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: * _____ (month and year required)

* Mr./Mrs./Ms. _____
 Authorized 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.