



Little League Baseball and Softball 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: _____

League Name: Northern Cayuga Little League

I.D. Number: 232-05-04

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)

Name of Insurance Company or Program

Family Physician Phone

Insurance ID # or Contract #

Physician Address

Any Known Medical Problems or Limitations above Player Has

Hospital Preference

In case of emergency contact: (Please list parent / guardian first)

Name	Home Phone	/	Cell Phone	Relationship to Player

Name	Home Phone	/	Cell Phone	Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medications. (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/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.