

Lincroft Little League Medical Release

Player Information			
Player's Name	Telephone	Telephone (alternate)	Telephone (alternate)
Address		Birth Date	Social Security #
Physician Information			
Family Physician	Physician Group name (if any)		Telephone
Address			Hospital preference
Emergency Contact Information			
Emergency Contact	Telephone	Telephone (alternate)	Relationship to player
Emergency Contact	Telephone	Telephone (alternate)	Relationship to player
Allergies/Medical Problem Information (including those requiring maintenance medication)			
Medical Diagnosis	Medication	Dosage	Frequency of Dosage
Medical	Medication	Dosage	Frequency
Allergies		Late of Last Tetanus Toxoid Booster	
<p>In case of emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, ER Physician)</p>			
<p>_____ Parent or Guardian Signature</p>		<p>_____ Date</p>	

Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

A completed Medical Release form should be carried by the Team Manager at all practices and games.

March, 2003