

**Long Valley Baseball Club**

**2011 Travel Baseball  
Medical Treatment Authorization Form**

As a parent and/or guardian of \_\_\_\_\_, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Evening Phone # \_\_\_\_\_

Date during which release is granted. From: \_\_\_\_\_ To: \_\_\_\_\_

Indicate specific medical conditions including allergies, chronic illnesses or other medical conditions that a coach and medical personnel should be aware of.

\_\_\_\_\_

Other person to contact in case of emergency \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Evening Phone # \_\_\_\_\_

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_