

2012
LITTLE LEAGUE
MEDICAL APPROVAL AND RELEASE
League Name: Redwood Empire League ID No. 405-26-01

Player's Name _____ Address _____

City, Zip _____ School _____ Birthdate _____

Father's Name _____ Home/Cell Phone _____

Address _____ Work Phone _____

Mother's Name _____ Home/Cell Phone _____

Address _____ Work Phone _____

Player lives with _____ mother _____ both (same address) _____ both (different address)
 _____ father _____ other (please indicate) _____

Primary Contact Parent/Guardian _____ **Primary Phone #** _____

Primary Email _____

Please Print Clearly

Emergency Contact (other than parent) _____

Relationship to player _____ Phone _____

Parent or Guardian Authorization:

In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize Redwood Empire Little League to secure the necessary medical treatment for my child by Certified Emergency Personnel.

Family Physician _____ Phone _____

Insurance Carrier & Policy # _____

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. diabetic, asthma, seizure disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Allergies: _____

Date of last Tetanus Booster: _____

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.

Signature of Parent/Guardian _____ Date _____