



EAST YORBA LINDA LITTLE LEAGUE MEDICAL RELEASE FORM

NOTE: To be carried by team managers to all practices and games. A copy is also to be kept on file at the league snack shack

Player: _____ Date of Birth: _____

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
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Name	Phone	Relationship to Player
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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: _____

Mr/Mrs/Ms _____

Authorized Parent/Guardian Signature

Player: _____ Date of Birth: _____

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)

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Authorized Parent/Guardian Signature