

## Lincroft Little League Medical Release

<b>Player Information</b>			
Player's Name	Telephone	Telephone (alternate)	Telephone (alternate)
Address		Birth Date	Social Security #
<b>Physician Information</b>			
Family Physician	Physician Group name (if any)		Telephone
Address			Hospital preference
<b>Emergency Contact Information</b>			
Emergency Contact	Telephone	Telephone (alternate)	Relationship to player
Emergency Contact	Telephone	Telephone (alternate)	Relationship to player
<b>Allergies/Medical Problem Information (including those requiring maintenance medication)</b>			
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*