

# Moon Township Little League Baseball, Inc. Medical Release

(Note: To be carried by any Regular Season or Tournament Team Manager  
together with team roster or eligibility affidavit at all practices/games)

League ID #238-04-07

Player's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian Authorization: *In case of an emergency, if / 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).*

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency, contact:

Name	Phone (Work)	Relationship to Player
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Phone (Home)	Phone (Cell)	Pager Number
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Name	Phone No.	Relationship to Player
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Phone (Home)	Phone (Cell)	Pager Number
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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

Allergies:

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

(The purpose of the above listed information is to ensure that medical personnel have details of any medical concern that may interfere with or alter treatment).

Mr./Mrs. \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Parent/Guardian Signature

Insurance Information:  
Policy Holder: \_\_\_\_\_ Insurance Co: \_\_\_\_\_  
SSN: \_\_\_\_\_ I.D.#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Group/Plan: \_\_\_\_\_