

MIDDLETOWN MONARCHS

Medical Release

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____ Parent
(s)/Guardian Name: _____ Relationship: _____ Parent (s)/Guardian
Name: _____ Relationship: _____ Player's
Address: _____ City: _____ State/Country: _____ Zip: _____ Home
Phone: _____ Work Phone: _____ Cell
Phone: _____ E-mail _____

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: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Phone Relationship to Player Name

Phone Relationship to Player Name

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid 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.

Parent/Guardian Signature Date: _____ Authorized

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL.