

Ames, Iowa, Little League Baseball Medical Release Form

Player 1: _____ 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: _____

In case of emergency contact:

Name	Phone	Relationship to player
_____	_____	_____

Name	Phone	Relationship to player
_____	_____	_____

List any health problems coach should be aware of:

Mr./Mrs./Ms. _____ Date _____

Authorized Parent/Guardian Signature

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Player 2: _____ 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: _____

In case of emergency contact:

Name	Phone	Relationship to player
_____	_____	_____

Name	Phone	Relationship to player
_____	_____	_____

List any health problems coach should be aware of:

Mr./Mrs./Ms. _____ Date _____

Authorized Parent/Guardian Signature