



Ocee Park Babe Ruth League™ Baseball and Softball Medical Release



This Medical Form must be carried by the Team Manager at all times (practices and games) in the event medical treatment for a player is required and the parent/guardian is not available.

Player: _____ **Date of Birth:** _____

League Name: _____ **League ID:** _____

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize the player named above to be treated by Certified Emergency Personnel. (e.g. EMT, First Responder, E.R. Physician).

Family Physician: _____ **Phone:** _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

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

| Medical Diagnosis | Medication | Dosage | Frequency of Dosage |
|-------------------|------------|--------|---------------------|
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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

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.