



# 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:**

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NamePhoneRelationship to Player

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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.