



CRYSTAL LAKE LITTLE LEAGUE BASEBALL  
**2012**  
**Medical Release**



**NOTE: To be carried by any Regular Season or Tournament Team Manager (Head Coach) together with Team Roster or Eligibility Affidavit.**

League Name: Crystal Lake Little League

I.D. Number: 1131304

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

**Parent of 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: \_\_\_\_\_

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

**IN CASE OF EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetes, 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 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.

The Crystal Lake Little League baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference, or religious preference.