

BURLINGTON BLAST SOFTBALL
MEDICAL RELEASE



To be carried by any regular season or tournament team manager together with team roster

Player: _____ Date of Birth: _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PARENT/GUARDIAN AUTHORIZATION:

I authorize the coaching staff to provide emergency medical treatment of an injury to or illness by my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment which in his or her judgement may be deemed necessary in the care of _____.

(Child's Name)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State: _____

Hospital Preference: _____

Parent Insurance Co: _____

Policy No: _____ Group ID#: _____

If parents/guardian cannot be reached in case of emergency, contact:

Name Phone Relationship

Name Phone Relationship

Please list any allergies/medical problems, including those requiring maintenance medication:

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 problems which may interfere with or alter treatment.

Authorized Parent/Guardian Signature

Date