

Glendora Lassie League

Medical Release



Player Name: _____ Date of Birth: _____

League Name: Glendora Lassie League Player ID Number: _____

Parent or Guardian Authorization:

In case of emergency, if the 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 to player

 Name Phone Relationship to player

Please list any allergies / medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, etc.)

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.

Date of last Tetanus Booster: _____

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date