

# Austin Slam Baseball Medical Release Form

To whom it may Concern:

This is to certify that I, we, parent(s), or guardian(s) of

\_\_\_\_\_  
Player's Full Name – *Please Print*

\_\_\_\_\_  
Date of Birth

hereby state, that in case of an emergency, if the family physician cannot be reached, that I (we) authorize the adult manager, coach, or league officials, permission to obtain medical care and treatment by another qualified licensed physician, hospital, EMS or medical clinic for the player named above. This authorization shall include all team activities, including the period required to travel to and from those activities.

\_\_\_\_\_  
Parent/Guardian Name – *Please Print*

\_\_\_\_\_  
Relation to Player

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Alternate Contact Number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name – *Please Print*

\_\_\_\_\_  
Relation to Player

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Alternate Contact Number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Family Physician

\_\_\_\_\_  
Physician Phone

\_\_\_\_\_  
Physician Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

Allergies: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Other ID: \_\_\_\_\_

*\*Please provide a copy of your Medical Insurance Card*

**Austin Slam Baseball Use ONLY**

Season: \_\_\_\_\_

Team: \_\_\_\_\_

