

EXETER LITTLE LEAGUE MEDICAL RELEASE

Player's Name _____

Address _____

Home Phone Number _____ Age _____

Significant past illness or injury _____

Allergies _____

Date of last completed immunization; Polio _____ Tetanus _____

PARENT AUTHORIZATION

I / We know that participation in Little League baseball may result in serious injuries to my/our child. Protective equipment does not prevent all injuries to players. In case of an emergency, if our family physician cannot be reached, I hereby authorize my son/daughter to be treated by another physician who is available.

Date _____

Signature of parent or legal guardian _____

Name of Family Physician _____

Phone Number _____

Emergency contact person _____ Phone # _____

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