

# Clay County Recreation Sports Medical Release Form

Age Group \_\_\_\_\_

Circle League That Applies

Baseball

Softball

T-Ball

Player Name \_\_\_\_\_

Parents' Name \_\_\_\_\_

**Parent/Guardian Authorization:**

**In case of emergency, if the above listed contacts, or 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).**

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

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

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

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**If Parents/Guardian cannot be reached, in case of emergency contact:**

\_\_\_\_\_  
Name/Phone/Relationship to Player

\_\_\_\_\_  
Name/Phone/Relationship to Player

Please list below ANY allergies or medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder).

\_\_\_\_\_  
Date of last Tetanus Toxoid Booster \_\_\_\_\_