

# Medical History, Informed Consent and Release Form (to be signed and given to your coach prior to 1<sup>st</sup> game)

**Managers/Coaches of Elmbrook Little League are required to have this form available at all League practices, games & events.**

I hereby give permission for \_\_\_\_\_ to participate in the Elmbrook Little League Baseball Program during the athletic season beginning in March of 2010. Further, I authorize the coaching staff to seek emergency medical treatment of an injury to or illness by my child by qualified medical personnel who might consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment, which in his or her judgment may be deemed necessary in the care of my child.

Players Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent or Guardian: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Players Physician: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Preexisting Medical Condition(s): \_\_\_\_\_

Other information an attending physician should know: \_\_\_\_\_

\_\_\_\_\_

Other person(s) to be contacted in case of an emergency:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Insurance Company, I.D. & Policy Number: \_\_\_\_\_ Policy ID: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Place of employment: \_\_\_\_\_, Phone: Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

I do hereby waive, release, absolve, indemnify and agree to hold harmless Elmbrook Little League, the organizers, sponsors, supervisors, participants in the event of an injury to my child whether the result of negligence or for any other, except to the extent and in the amount covered by accident or liability insurance.

X \_\_\_\_\_ Date: \_\_\_\_\_

Signature(s) of Parent(s) or Guardian(s)

Print Parent/Guardian Name: \_\_\_\_\_ (form 101504)