

## Hudson Drillers Medical Release Form: 2012 Season

**Players full legal name:**

**Parent or Guardian Authorization:**

*In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician)*

**Family Physician:**

**Address:**

**Phone Number:**

**Hospital Preference:**

**In Case of Emergency, contact:**

**Name:**

**Work Phone:**

**Home Phone:**

**Cell Phone:**

**Relationship to Player:**

**Medical History:**

*Please list any allergies / medical problems, including those requiring maintenance medications (i.e. Diabetic, asthma, seizure disorders, etc). Include medical diagnosis, medication, dosage, and frequency of dosage*

*Allergies:*

*The purpose of the above listed information is to ensure that medical personnel have details of any medical concern, which may interfere with or alter treatment*

**WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in baseball.**

**Authorized Parent/Guardian signature:**

**Date:**