



BBL Medical Release Form

NOTE: To be carried by Team Coach together with team roster.

Player: _____

Date of Birth: _____

In case of emergency, if 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)

Family Physician: _____

Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name _____ Home Phone _____

Cell Phone _____ Relationship to player _____

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder):

1. Medical Diagnosis _____ Medication _____ Dosage _____
Frequency of Dosage _____

2. Medical Diagnosis _____ Medication _____ Dosage _____
Frequency of Dosage _____

3. Medical Diagnosis _____ Medication _____ Dosage _____
Frequency of Dosage _____

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

Date of last Tetanus Toxoid Booster: _____

Parent or Guardian Authorization:

Mr./Mrs./Ms. _____

Date: _____