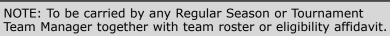


Little League Baseball_®

Medical Release





Player:		Date of Birth:		
League Name: Mount Seymour Little League		I.D. Number: 552-05-06		
Parent or Guardian Author	rization:			
In case of emergency, if fachild to be treated by Cer Physician)			-	
Family Physician:		Phone:		
Address:				
	erence:BC Care Card #:			
In case of emergency contact:				
Name	Phone		Relationship to Player	
Name	Phone		Relationship to Player	
Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)				
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:				
Mr./Mrs./MsAuthorized Parent/Guardian Signature				
Authorizea Parent/Guardian Signature				

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Little League Baseball does not limit participation in its activities on the basis of disability,

race, color, creed, national origin, gender, sexual preference or religious preference.