ATWATER BOMBERS BASEBALL CLUB
MEDICAL RELEASE FORM

Note: Medical Release Form must be completed and returned to the Secretary Of Atwater Bombers Baseball Club prior to team practices or games.

PLAYER NAME:_____

DATE OF BIRTH: _____ **GENDER:** ☐ **Male** ☐ **Female** ☐ **Prefer not to answer**

PARENT(s)/GUARDIAN NAME:_____ **RELATIONSHIP:** _____

PARENT(s)/GUARDIAN NAME:_____ **RELATIONSHIP:** _____

PLAYER'S ADDRESS: _____ **CITY:**_____ **ZIP:**_____

PARENT/LEGAL GUARDIAN AUTHORIZATION: In case of emergency, if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Medical Personnel. (i.e. EMT, First Responder, E.R. Physician)

FAMILY PHYSICIAN/CLINIC: _____ PHONE: _____

ADDRESS:_____ CITY: _____ ZIP:_____

HOSPITAL PREFERENCE:

_____

INSURANCE INFORMATION: _____ POLICY #:_____GROUP ID#: _____

ATWATER BOMBERS INSURANCE CO: POLICY # GROUP ID#

EMERGENCY CONTACT PARENT OR GUARDIAN:

NAME:_____ PHONE: _____RELATIONSHIP:_____

NAME:_____ PHONE: _____RELATIONSHIP:_____

PLEASE LIST ANY MEDICAL ISSUES/ALLERGIES, INCLUDING THOSE REQUIRING REGUALR MEDICATION (i.e. diabetes, Asthma, Seizures, etc) This information will only be provided to emergency personnel in the event of injury/illness.

Medical Diagnosis:_____ Medication:_____

Dosage:_____ Frequency: _____

Medical Diagnosis:_____ Medication:_____

Dosage:_____ Frequency: _____

Date of last Tetanus Toxoid Booster: _____

PRINT PARENT/GUARDIAN NAME: _____ **DATE:**_____

SIGNED BY PARENT/GUARDIAN NAME: _____

FOR ATWATER BOMBERS BASEBALL USE ONLY:

PLAYER DIVISION: _____
TEAM:_____