

Please Complete Both Halves of this Form
MEDICAL RELEASE

The parent/legal guardian of _____ (player):

- 1) Authorizes the manager or coach to transport player to the hospital and obtain treatment of the injury, and
- 2) Agrees that in the event of any injury sustained by player requiring medical attention while participating in San Mateo National Little League will assign all expenses to the below medical insurance carrier, with the understanding that all costs not covered by said company will be paid by Little League insurance.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT'S EMPLOYER _____

INSURANCE CARRIER _____ POLICY NUMBER _____

FAMILY DOCTOR _____ PHONE NUMBER _____

FAMILY DENTIST _____ PHONE NUMBER _____

PLAYER'S STREET ADDRESS _____ PHONE NUMBER _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

PARENT'S E-MAIL ADDRESS _____

Does the player have a medical or emotional condition that you think the team manager should know about? _____

(Please complete entire page) **MEDICAL RELEASE** (Please complete entire page)

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Does the player have a medical or emotional condition that you think the team manager should know about? _____