



Braves Baseball 2019 MEDICAL RELEASE



NOTE: To be carried by any Regular Season
or Tournament Team Manager together with team roster or eligibility affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____
Parent (s)/Guardian Name: _____ Relationship: _____
Parent (s)/Guardian Name: _____ Relationship: _____
Player's Address: _____ City: _____ State/Country: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR GUARDIAN AUTHORIZATION:

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: _____ City: _____ State/Country: _____
Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____
League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/guardian cannot be reached 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

Date of last Tetanus Toxoid Booster: _____

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.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date:

FOR TRAVEL ORGANIZATION USE ONLY:

Team Name: _____ Team ID: _____
Division: _____ Team: _____ Date: _____