

# Finger Lakes Falcons Travel Baseball

## Medical Release Form 2024-2025

To be carried by team Manager at all Practices and Games



*Can we add drop down to choose teams????*

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Relationship: father mother step-parent guardian other: \_\_\_\_\_

Player's Address: \_\_\_\_\_  
*street/road apt. city state zip*

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### Parent/Guardian Authorization:

*In case of an emergency, I hereby authorize my child to be treated by Certified Emergency Personnel. (e.g. EMT, First Responder, ER Physician)*

Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
*street/road city state zip*

Hospital Preference: \_\_\_\_\_

Primary Insurance Co: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group ID: \_\_\_\_\_

Co- Insurance Co: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group ID: \_\_\_\_\_

### If parents/guardians cannot be reached, contact the following [in case of an emergency]:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any and all allergies, medications, medical problems (e.g. diabetes, asthma, seizures, etc.)

Medical Diagnosis:
Medication Prescribed:
Dosage:
Frequency of Dosage:
Other information:

Date of last tetanus booster: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have any information necessary to treat a player in the event of an emergency. And so that treatment does not interfere with pre-existing conditions and/or medications.

Name of Parent/Guardian: (printed): \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

<b>FOR ORGANIZATIONAL USE ONLY:</b>			
	scanned	copied	filed
Date of Completion: _____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>