

Pleasanton Girls Softball League

MEDICAL RELEASE

Player: _____ Date of Birth _____

Parent(s)/Guardian Name: _____ Relationship: _____

Parent(s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City _____ Zip _____

Home Phone: _____ Mobile: _____

Email: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION:

In case of emergency, if a family physician cannot be reached, I hereby authorize my child to be treated by a Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician)

Family Physician: _____ Phone: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy # _____ Group# _____

If parents/legal guardian cannot be reached in case of emergency, contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

List of any allergies: _____

List of any medications: _____

(Purpose of this information listed above is so medical personnel have the details of any medical problem which may interfere with or alter treatment)

Authorized Parent/Guardian

Signature _____

Date _____

Note: PGSL will not be held financially responsible for medical expenses.