

# Kiski Valley Baseball & Softball Association

## Medical Release

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

Player: \_\_\_\_\_ KVBSA

### 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: \_\_\_\_\_

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

### Medical Information

Insurance Carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_

### In case of emergency contact:

NAME	PHONE	RELATIONSHIP TO PLAYER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any allergies/medical problems, including those requiring maintenance medications. (I.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Kiski Valley Baseball & Softball Association does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.