



# Pottsgrove Baseball Organization

## Player Information & Medical Release



Note: To be carried by Team Manager or Coach

**Player Information**

(Please Print Clearly)

Name Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Shirt Size: S M L XL XXL Other \_\_\_\_\_ Pant Size: S M L XL XXL Other \_\_\_\_\_

(Please circle shirt & pant size all sizes are adult)

**Medical Information**

Please list any allergies/medical problems, including those requiring maintenance medications. (i.e. Diabetic, Asthma, Seizure Disorder) If more space is needed use opposite side of form.

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.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

**Emergency Contact** (If parent or guardian cannot be contacted)

Name	Phone	Relationship to player
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Name	Phone	Relationship to player
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Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Parent or Guardian Authorization**

*I/We understand that protective equipment cannot prevent all injuries a player might receive while participating in baseball.*

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

Print Name(s): \_\_\_\_\_

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

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

Cell Phone #(s): \_\_\_\_\_  
(Optional)