

**Lakewood Junior Baseball Association  
Medical Release Form  
2010 Season**

Athlete's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does Athlete wear contacts? \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Insurance Provider: \_\_\_\_\_

Insurance Coverage in the Name of: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Medications Currently Being Taken (list): \_\_\_\_\_

\_\_\_\_\_

Known Allergies and/or Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact (other than parents): \_\_\_\_\_ Phone: \_\_\_\_\_

**Permission is hereby granted to managing personnel to authorize and obtain medical and/or dental care or treatment from any licensed physician, hospital, or medical clinic should my child become ill or injured while participating in Lakewood Junior Baseball, league or team activities away from home, or at other times when neither parent or legal guardian is available to authorize emergency treatment.**

Signed (Parent or Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_