



North Pocono Cal Ripken Baseball

P.O. Box 66, Moscow, PA 18444
www.npcrb.com



Medical Release

This Medical Form must be carried by the Team Manager at all times (practices and games) in the event medical treatment for a player is required and the parent/guardian is not available.

Player: _____ **Date of Birth:** _____
(Please Print Neatly)

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize the player named above to be treated by Certified Emergency Personnel. (e.g. EMT, First Responder, E.R. Physician).

Family Physician: _____ **Phone:** _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name	Phone	Relationship to Player
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Name	Phone	Relationship to Player
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Please list any allergies/medical problems, including those requiring maintenance medications. (e.g. 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.

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature

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