

**Newt Guilbault Baseball
Medical Release Form**

Player Name _____

DOB ____ / ____ / ____ School _____ Grade _____

Address _____

Parent / Guardian 1 Name _____

Home Phone _____ Cell/Work Phone _____

Email _____

Parent / Guardian 2 Name _____

Home Phone _____ Cell/Work Phone _____

Email _____

Additional Emergency Contact

Name / Phone _____

Medical Information and Treatment

- 1. Does this child have any medical condition we should know about? **Yes / No**
If yes, please briefly describe the condition and discuss it with the Coach

- 2. Is this child currently taking any medications? **Yes / No**
If yes, please briefly describe and discuss it with the Coach

- 3. In an emergency situation where we cannot reach you, DO YOU GIVE PERMISSION for this child to be treated at a hospital? **Yes / No**

- 4. I, hereby, give my permission for this child to be photographed in relation to Newt Guilbault Community Baseball League activities> **Yes / No**

Signature of parent or legal guardian

____ / ____ / ____
Date