

Orangevale PONY Baseball

Emergency Medical Release and Information Form

Please supply important information your manager may need in case of injury or illness to your child. With your consent, this form may accompany your child to the Emergency Room, if needed.

Player's Name _____

Legal Guardian(s) _____ Relation _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

Medical Insurance Company _____ Policy# _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Hospital Preference _____ Address _____

For each of the following questions, please write-in answer or "None"

Present medical conditions or issues _____

Any physical limitations _____

Life threatening allergies (Bee stings, medicines, foods, etc.) _____

Eyes (glasses, contacts, etc.) _____

Ears (hearing loss, eardrum injuries, etc.) _____

Recurring injuries (ankles, knees, etc.) _____

The year of most recent Tetanus Immunization _____

Please indicate if your child has any of the following diseases and current medications needed

Asthma/Respiratory _____

Diabetes/Hypoglycemia _____

Epilepsy/Convulsions _____

Heart Problems _____

Hemophilia/Free Bleeding _____

Any other important medical information not stated above _____

Parental Permission for Emergency Medical Treatment: As the legal guardian for the above named player, I do hereby grant permission for treatment for any emergency condition that occurs in my absence as deemed appropriate by the adult Manager or Coach of the Team. I realize that reasonable efforts will be made to contact me as soon as possible. This permission includes first-aid provided by the manager and/or their assistants. The information as stated on this form may be provided to a Hospital or Emergency Medical Care Physician. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless the Orangevale Ponyball Organization, PONY Baseball, Inc., the organizers, supervisors, participants and persons transporting the player to and from those activities, for any claim arising out of an injury to the player, so named on this form.

Signed _____ Date _____

Print Name _____ Relation _____

NOTE: THIS FORM MUST BE COMPLETELY FILLED OUT AND TURNED IN TO THE LEAGUE REGISTRAR BEFORE THE PLAYER (AS NAMED ON THIS FORM) CAN BEGIN ANY PONY BASEBALL ACTIVITY.