



North Langley Diamond Sports

MEDICAL RELEASE FORM

Parent or Guardian's Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize:

_____ Player's Name
_____ to be treated by another, qualified,
_____ Date of Birth
licensed, physician who is available.

Family Physician: _____

Phone Number: _____

Care Card Number: _____

Allergies: _____

Date of last tetanus Toxoid Booster shot: _____

Signed Date

Note: To be carried by team manager.

Warning: Protective equipment can not prevent all injuries a player may receive while participating in softball.

Family e-mail address: _____