

**Western Hills Baseball
Western Hills Little League
Western Hills Pony League**

MEDICAL RELEASE FOR LEAGUE PLAY

Parent or Guardian's Authorization: Date: _____

In case of emergency, if family physician cannot be reached, I
hereby authorize _____
(player's name)

_____ to be treated by another qualified, licensed
(date of birth)
physician who is available.

Family Physician: _____ Phone: _____

_____ Street

_____ City

_____ State

ALLERGIES: _____

Date of last Tetanus Toxoid Booster: _____

Signed: _____
(parent or guardian)

NOTE: This Medical Release is to be in the possession of the team manager at all games and practices.