CLAIREMONT GIRLS FASTPITCH SOFTBALL

Medical Release and Emergency Contact Info

___________________________	___________________________	
Player Name	Home Address	
___________________________	___________________________	__________
Emergency Parent Contact	Phone	Relationship
___________________________	___________________________	__________
Emergency Contact #2	Phone	Relationship
___________________________	___________________________	__________
Emergency Contact #3	Phone	Relationship
___________________________	___________________________	
Physician	Phone	
___________________________	___________________________	
Insurance Company	Policy #	

Physical impairments/conditions/medications:____

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I the undersigned parent/legal guardian of ________________________ **[child's name]** a minor, do hereby authorize and consent any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that the effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of the Civil Code of this State.

List any restrictions:____

Consent shall remain in effect until the end of the calendar year signed.

PARENT SIGNATURE: ___________________________________ **Date:**________________

PARENT NAME: _____________________________________