



**CAROL STREAM TRAVEL  
SOFTBALL & BASEBALL ASSOCIATION**



**MEDICAL RELEASE FORM**

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment of the following minor by a qualified and licensed medical physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undo discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor:			
Address:			
Home Phone			
Medical allergies, chronic illnesses, or other conditions:			
<b>Parent/Guardian name</b>			
Name		Relationship	
Home Phone		Cell Phone	
<b>Family Physician</b>			
Name		Phone	
<b>Emergency Contact Information:</b>			
Name		Phone	
Name		Phone	

THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZING MEDICAL TREATMENT IN MY ABSENCE UNDER EMERGENCY CIRCUMSTANCES.

Signature (parent or legal guardian)		Date	
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