BOZEMAN AMERCIAN LEGION BASEBALL
MEDICAL RELEASE FORM

I _____ give permission to Bozeman American Legion Coaches to seek out and obtain any needed medical attention deemed necessary for the well being of my child (please print players name): _____
for the 2009 American Legion baseball season.

_____ _____
Signature of Parent or Guardian *Date*

Parent's Emergency Telephone #: _____

Health Insurance: ❑ YES ❑ NO

Medical Insurance Company: _____

Policy #: _____

Other emergency contacts or telephone numbers if parents cannot be reached:

_____
_____
_____

List any allergies to foods or drugs, any medications your child is presently taking, or medical conditions that we should be aware of:

_____
_____
_____
_____
_____
_____