

Team Name: _____ Age Division _____ Coach Name: _____ Date: _____

Grand Prairie Boys Baseball, Inc.
 Pre-Season, Post-Season, Area, NITS, State, and World Series Tournaments

MEDICAL RELEASE AUTHORIZATION

I confirm that I have provided an accurate copy of a certified birth certificate or other acceptable proof of age to league officials on behalf of my child and my signature below authorizes the following medical release for my child:

Medical Release – I grant permission to managing and/or coaching personnel or other league representatives or tournament officials to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician should my child become ill or injured while participating in tournament activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment. This authorization includes the administration of first aid and transportation to and from a medical treatment facility. In addition, I will list any allergies or illnesses for which my child is being treating by a medical doctor in the space provided below. I will also provide my signature authorizing the above.

Player's Name	Note: you may provide the following information on a separate sheet of paper if you have any privacy concerns.		Parent's Signature
	Allergies (Drugs or Other)	Illnesses Under MD Care	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			