



PVPGSL

ALL-STAR MEDICAL RELEASE FORM 2021

I(we) the undersigned parent(s) or legal guardian of [print clearly] _____ minor do hereby authorize and consent to necessary emergency medical treatment, rendered under the general or specific supervision of any California licensed/certified emergency medical personnel (e.g. EMT, First Responder, hospital staff members and physicians). It is understood that this authorization is given in advanced of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned medical professionals in the exercise his/her best judgment may deem advisable. It is understood that an effort will me made to contact the undersigned prior to the rendering of any treatment to my daughter, and that any of the above treatment will not be withheld if the undersigned cannot be reached. This release is effective for the time during which my child is traveling to or from or participating in the PVPGSL Softball Program activities including but not limited to practices, games or tournaments during 2021. I(we) assume full responsibility for payment of any such treatment/care.

PARENTS' OR GUARDIANS' NAMES: _____

HOME ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

ALTERNATE CONTACT NAME/RELATIONSHIP _____

HOME PHONE: _____

CELL PHONE: _____

KNOWN MEDICAL CONDITIONS [state NONE if appropriate] _____

ALLERGIC TO THE FOLLOWING MEDICATIONS [state NONE if appropriate] _____

INSURANCE COMPANY/POLICY NUMBER _____

FAMILY PHYSICIAN _____

PHYSICIAN'S ADDRESS _____

PHYSICIAN'S PHONE NUMBER _____

In case I(we) cannot be reached, and the alternate contact noted above cannot be reached, any one of the following people may present my daughter to California licensed/certified emergency medical personnel as noted above for necessary emergency care:

COACHES' NAMES: _____, _____ or _____

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)

Signature _____ Name Printed _____ Date _____

Signature _____ Name Printed _____ Date _____

