



West Houston Girls Softball Association Medical Release Form

****COACH: Please carry this release with a copy of the team roster at all times.****
Player's Name: _____ Date of Birth: _____

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

Child's Physician: _____ Phone: _____

Hospital Preference (if applicable): _____

In case of emergency, contact:

Name Phone Relationship to player

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ALLERGIES to medications or environmental exposure (i.e. bee stings, etc.):

MEDICAL PROBLEMS/LIMITATIONS (asthma, diabetes, epilepsy, physical limitations):

OTHER SPECIAL CONSIDERATIONS/CONCERNS regarding your child (including prescription medications she may be taking):

The purpose of the above listed information is to ensure that coaching staff and medical personnel have information regarding all medical conditions of each player should the need for emergency care arise.

Date of last Tetanus Toxoid Booster (if known): _____

Mr./ Mrs./ Ms. _____
Authorized Parent/Guardian Signature Date

WARNING: *Protective equipment cannot prevent all injuries a player might receive while participating in Softball.*