

# 2015 Clairemont Girls Fastpitch Softball

## Medical Release and Emergency Contact Info

_____ Player Name	_____ Home Address	
_____ Emergency Parent Contact	_____ Phone	_____ Relationship
_____ Emergency Contact #2	_____ Phone	_____ Relationship
_____ Emergency Contact #3	_____ Phone	_____ Relationship
_____ Physician	_____ Phone	
_____ Insurance Company	_____ Policy #	

**Physical impairments/conditions/medications:** \_\_\_\_\_  
\_\_\_\_\_

I the undersigned parent/legal guardian of \_\_\_\_\_ **[child's name]** a minor, do hereby authorize and consent any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that the effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of the Civil Code of this State.

**List any restrictions:** \_\_\_\_\_

**Consent shall remain in effect until 12/31/2015**

**PARENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_