



SOFTBALL – TEAM SASKATCHEWAN
NORTH AMERICAN INDIGENOUS GAMES
COWICHAN 2008

Medical release form

Player: _____ Date of Birth: _____

Age Division: _____ SK Health# _____

Parent/Guardian Name: _____

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)

Family Physician: _____ Phone: _____

In case of emergency contact:

Name Phone Relationship to Player

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Please list any allergies/medical problems, including those requiring maintenance and/or medication. (i.e. Diabetic, Asthma, Seizure Disorder, Pregnancy)

Medical Diagnosis Medication Dosage Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: _____

Authorized Parent/Guardian Signature

Date