



2020 OPLL Medical Information/Release Form

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

(If different than address provided on registration form)

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Primary Insurance Carrier \_\_\_\_\_ Policy or Group# \_\_\_\_\_

Medial History /Information

**Part 1: Illnesses and Injuries** (check those chronic or recurring illnesses that apply and give appropriate dates) \_\_\_\_\_

**Part 2: Allergies (check those that apply and specify nature)**

Animals \_\_\_\_\_

Pollen \_\_\_\_\_

Medicine/drugs \_\_\_\_\_

Plants/trees \_\_\_\_\_

Food \_\_\_\_\_

Insect stings \_\_\_\_\_

Other: \_\_\_\_\_

**Emergency Contact Information**

In an emergency, notify:

Primary Contact: (name) \_\_\_\_\_

Relationship (to child): \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Secondary Contact: (name) \_\_\_\_\_

Relationship (to child): \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_



**Emergency Medical Authorization/Medical Release**

In the event reasonable attempts to contact me at the above listed phone numbers have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transport the child to any reasonably accessible hospital facility I know of no reason(s) why my child should not participate in OPLLF activities.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: League rules require each child to provide written evidence of a physical performed after August 1, 2019 (no exceptions . Please give this to your coach or team manager during the first week of practice)