



2021 OPLLF 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, 2020 (no exceptions . Please give this to your coach or team manager during the first week of practice)