



NLBB Player Medical Release and Emergency Information

Player Name	
Guardian(s) Name (s)	
Contact Phone Number	

Care Card Number	
Family Doctor	
Family Dentist	

Emergency Contact Information

Name	Relationship	Phone Number

Are there any medical concerns or conditions that NLBB should be aware of?

- No
- Yes (please specify)

I/we being the parent(s) of custody or legal guardian(s) of _____ (name of NLBB Player), do hereby appoint the supervising North Langley Baseball official to act on my behalf in authorizing unexpected medical, dental, surgical care, or hospitalization for said minor, in my absence and I authorize the North Langley Baseball official to grant consent to medical doctors and emergency staff at a hospital/emergency facility to conduct the required tests and provide the necessary medical treatment/care to the above named child IF I, MY SPOUSE OR LEGAL GAURDIAN CANNOT BE REACHED. I understand that every reasonable effort will be made to contact me. I understand that the consent and authorization herein granted are valid only during the length of the season

Signature of Parent/Guardian
