

**Onaga Baseball/Softball Association
MEDICAL RELEASE**

I give my permission for my son or daughter, _____ to be treated in case of emergency, at a hospital, or by a doctor or other licensed medical personnel where I as parent/guardian, am not in attendance or cannot be reached by phone.

Parent/Guardian Signature: _____

Date: _____

Name of Insurance Company: _____

Policy Number: _____

EMERGENCY CONTACT NUMBERS

In case of emergency contact:

Mother: (H)_____ (C)_____ (W)_____

Father: (H)_____ (C)_____ (W)_____

Others who may be contacted:

Name:

Relationship:

Phone:

_____	_____	_____
_____	_____	_____
_____	_____	_____

*****Major efforts will be made to contact parent/guardian prior to treatment.*****