



## NorCal Section 5 Little League Umpire Clinic Parent Permission Authorization Form

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_  
 Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Parent (s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: \_\_\_\_\_

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: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Country: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

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.

***Drop Off and Pick Up***

I acknowledge that I will drop off my child each day before the clinic begins and will pick up my child each day after the clinic ends. I understand that my child will be waiting for pickup at the Quito Little League snack bar and will be released only to me or listed guardian. Please have your child bring this form when checking in or they will not be able to participate in the clinic.

Please initial here if your child will be driving him/herself to and from the clinic

Authorized Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL. Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

