



2010 OPLLF Medical Information/Release Form

Child's Name _____ Date of Birth _____

Address _____

(if different than address provided on registration form)

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: _____

Name of family physician _____ Phone _____

Primary Insurance carrier _____ Policy or group # _____

Medical 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 of allergic reaction)

- Ear infection
- Heart Defect / Disease
- Bleeding / Clotting disorders
- Musculoskeletal disorders
- Asthma
- Seizures
- Diabetes
- Other: _____

- Animals
- Pollen
- Medicine / drugs
- Plants
- Hay fever
- Food
- Insect stings
- Other: _____

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 _____

***** IMPORTANT NOTE: League rules require each child to provide written evidence of a physical performed after August 1, 2009 (no exceptions) *****