

**FARGO POST 2 AMERICAN LEGION BASEBALL
MEDICAL RELEASE FORM**

I give permission to the Fargo American Legion Coaches to seek out and obtain any needed medical attention deemed necessary for the well being of my son (please print) Players Name:

For the 2011 American Legion baseball season.

Signature of parent or Guardian

Date

Parent's Emergency Telephone #:

Health Insurance: YES NO

Medical Insurance Company:

Policy #:

Other emergency contacts or telephone numbers if parents cannot be reached:

List any allergies to foods or drugs, any medications your child is presently taking, or medical conditions that we should be aware of:

