

**Blackhawk Girls Fast Pitch Softball
Medical Release Form-2012**

In the event of sickness, accident, or injury, I/We give permission for my/our daughter, _____, to have administered to her what ever emergency treatment is deemed necessary by the attending doctor/nurse/medical technician.

My/Our daughter has the following medical conditions or allergies, which should be noted in case of sickness, accident, or injury. (E.G. asthmatic, diabetic, allergies to specific drugs, hyper reaction to bee stings, bleeds easily, etc.) Please indicate **NONE** if there are no known problems or conditions.

Signature of Father of Legal Guardian Date

Signature of Mother of Legal Guardian Insurance Company

Address Policy Number

City, State, Zip Code Family Physician

Home Telephone Number Physician's Phone Number

Name of Nearest Relative

Phone Number of Relative