



**American Baseball Foundation
BASIC Medical Authorization**

(please print)

I _____, parent/guardian give the following medical information for _____ (full name of student) as related to the ABF program. I hereby authorize the American Baseball Foundation (ABF) to act for me according to their best judgment in any emergency requiring medical attention during the 2021 BASIC program. I also hereby waive and release the ABF from any and all liability for any injuries or illnesses incurred while participating in the program. I have no knowledge of any physical impairment that would be adversely affected by participation of the student in the ABF BASIC program.

Parent or Guardian signature: _____ Date: _____

Student first & last name/s & age : _____

Medications currently being taken: _____

Are you allergic to any medications? If so, please list _____

Please list any serious medical illnesses that you have had in the past. _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Telephone Number: _____ Cell phone number: _____

Email: _____

Medical/Accident Insurance Carrier: _____

Policy Number: _____

Name of Policy Holder: _____

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