

Player's Name (last name first): \_\_\_\_\_

**PALO ALTO LITTLE LEAGUE PLAYER SPECIAL MEDICAL CONDITIONS/NEEDS FORM**

**My child has the following medical conditions/needs of which Palo Alto Little League should be aware in the event of an emergency:**

**ILLNESSES AND CONDITIONS**

**Please identify all illnesses and conditions of which you are aware that affect your child, and provide any additional information concerning each of which PALL should be aware:**

**MEDICATIONS AND SENSITIVITY TO MEDICATIONS**

**Please identify all medications which your child is currently taking, plus any related information of which PALL should be aware:**

**Please identify all medications to which your child is allergic or sensitive:**

Date:

Person providing  
this information: \_\_\_\_\_

