

2009 Cougar Lacrosse

MEDICAL EMERGENCY INFORMATION/CONSENT

Lacrosse is a physically demanding contact sport. All players must be evaluated by a physician prior to participation. After clearance to participate from your physician, please fill out the Medical Emergency Card below. This card is for coaches and team officials use only. Your signature below indicates not only consent for treatment, but acknowledges to the Henderson Lacrosse Club that your child has been found by a physician to be suited to the physical demands of the sport. Any medical conditions disclosed below will be held in strict confidence by coaches and other officials of the Henderson Lacrosse Club.

Player Name _____ Birthdate: Mo _____ Day _____ Yr _____

Address _____ Zip _____ Home Phone _____

Father's Name _____ Address _____

Father's employer _____ Father's Daytime/Cell Phone _____

Mother's Name _____ Address _____

Mother's Employer _____ Mother's Daytime/Cell Phone _____

Family Doctor _____ Phone _____

Person to notify if parents can't be reached:

Name _____ Relationship _____

Phone _____

SPECIAL INFORMATION REGARDING MEDICAL HISTORY:

CONSENT TO MEDICAL TREATMENT:

If the above named participant needs emergency medical treatment and neither parent nor the family doctor can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (print) _____