

TEAM BOBCAT: LACROSSE MEDICAL EMERGENCY CARD

Parents:

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 team officials and coaches only. Your signature below indicates not only consent for treatment, but acknowledges to the Henderson Lacrosse Club (HLC) 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 HLC.

Player Name _____
Birth date: Month ____ Day ____ Year ____ Age as of January 1, 2010: ____
Address _____ City _____
State _____ Zip _____ Home Phone _____

Father's Name _____
Address _____
Father's Employer _____
Father's Daytime/ Cell phone _____

Mother's Name _____
Address _____
Mothers's Employer _____
Mother's Daytime/ Cell phone _____

Family Doctor _____ Phone _____

Person to notify if parents cannot be reached:
Name _____ Relationship _____
Daytime/Cell 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 Print Name Date