

# LACROSSE MEDICAL EMERGENCY CARD

Parents:

Lacrosse is a physically demanding contact sport. All players should 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 (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: Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_

Age as of January 1st , 2009 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ 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 \_\_\_\_\_

daytime phone \_\_\_\_\_

## SPECIAL INFORMATION REGARDING MEDICAL HISTORY:

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## 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 \_\_\_\_\_