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 _____ Birthday ____/____/_____

Age as of January 1st , 2012_____

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_ _____

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

Henderson Lacrosse Club