



Medical Information

Players Name \_\_\_\_\_ DOB \_\_\_\_\_

I/we, the parents of the above named athlete for the Ridge Lacrosse Program hereby give my/our approval to participate in all activities, including transportation to and from practices. I/We know that participation in any sport may result in serious injuries, and do, hereby waive, release, absolve, indemnify and agree to hold harmless Ridge lacrosse, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident and liability insurance.

Parent/ Guardian Initial \_\_\_\_\_

Parent or Guardian Authorization:

In case of emergency, if family cannot be reached, I hereby authorize my/our child to be treated by Certified Emergency Personnel (i.e. 1<sup>st</sup> responder, EMT, ER MD).

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list any medical conditions and or medication that player might require while at practice or game (i.e. insulin, epi-pen, inhaler) \_\_\_\_\_.

Medication Allergies: \_\_\_\_\_.

**In Case of Emergency, Contact:**

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Name	Cell number	Relationship to Player
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Name	Cell Number	Relationship to Player
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The purpose of this information is to ensure that medical personnel have details of any medical condition which may interfere with or alter treatment.

Signature of Parent/ Guardian \_\_\_\_\_

