



PC LAX MEDICAL WAIVER

Park City Lacrosse Organization/Medical Release

ATHLETE Name _____ **Date of Birth** ____ / ____ / ____

Mailing Address _____

EMERGENCY CONTACTS

Mother's Name _____ **Father's Name** _____

Home Phone: (____) _____ **Home Phone:** (____) _____

Work Phone: (____) _____ **Work Phone:** (____) _____

Emergency Cell Phone Contact: _____ **Name: Number:** (____) _____

Alternate Emergency Contact (other than parent(s)) _____

Relation _____ **Home Phone:**(____) _____ **Work Phone:**(____) _____

PRIMARY CARE PHYSICIAN

Physician Name _____ **Phone:** (____) _____

Date of last physical examination: ____ / ____ / ____

MEDICAL INFORMATION

Allergies _____ **Medications** _____

Medical Conditions _____ **Last Tetanus** _____

INSURANCE INFORMATION

Insurance _____ **Policy Holder** _____

ID/Policy # _____ **Phone Number** (____) _____

PERMISSION TO TREAT

In the event that a Parent cannot be reached, Parent hereby authorizes the PCLO and/or it's coaches, to provide any emergency treatment and to secure any hospital, medical, dental or surgical care, treatment and/or procedures for the Athlete. Parent also consents that in the event of injury to the Athlete, coaches can sign for the Athlete to receive care, treatment and/or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility. The PCLO coaches shall notify Parent at the earliest possible time during or after such care, treatment and/or procedures. Parent knowingly and voluntarily consents in advance to such care, treatment and/or procedures to encourage the physicians and coaches to exercise their best judgment as to the requirements of such care, treatment and/or procedure. Parent specifically indemnifies and holds harmless the PCLO and its named coaches from any and all costs arising out of such care, treatment and/or procedures.

Parent/Legal Guardian Signature _____ **Date** _____

Athlete Signature _____ **Date** _____