

Wenatchee Valley Lacrosse Club

Release Form for Medical and/or Hospital Treatment

I, _____ hereby grant permission for the properly designated Wenatchee Valley Lacrosse personnel to administer emergency care to _____ on site and/or give permission for medical treatment as required at the closest hospital or other such medical facility. I assume responsibility for any medical bills which may be incurred. I further release Wenatchee Valley Lacrosse Club, US Lacrosse and/or their representatives from responsibility for any problems that might arise as a result of medical care and or treatment. This includes any hospital or other facility utilized in the treatment of the player.

Signed by: _____ on _____
Parent/Guardian Date

General Information

Participants Division: _____

Parent/Guardian: _____ Parent/Guardian: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Other Emergency Contacts (List two)

Name/Relation: _____ Name/Relation: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Medical Insurance Coverage

Name of Insurance Company: _____

Group Number: _____ Policy Number: _____

Primary Physician: _____ Work Phone: _____

Medical History (Complete as applicable)

Allergies Please List: _____

Asthma

Bee Sting Sensitivity EPI Pen? Pen Location: _____

Epilepsy/Seizures

Diabetes

Relevant Medical/Surgical History

Please List: _____

Daily Medication Please List/Frequency: _____

Other Information