

Ridgefield Youth Lacrosse

Emergency Medical Information

Spring 2012

Required for all RYL Participants

In case of emergency, the following information will be used to provide medical personnel with important information in the event that a Parent/Legal Guardian is not available. Please fill out this form in its entirety using N/A when question is not applicable. All information disclosed will be treated as confidential. It will be the parent's responsibility to notify the participant's coach and league officials of any changes and inform them of any updates during the season. Please keep a copy for your records.

Player's Name _____ Nickname _____ Hm. phone _____

Street Address _____ Town _____ State/Zip _____

Father's Name _____ Email _____

Street Address _____ Town _____ State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Email _____

Street Address _____ Town _____ State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Family Medical Insurance:

Family Physician:

Carrier: _____

Name: _____

Group # _____

Address: _____

Policy# _____

Phone: _____

ID# _____

Emergency Contacts (Must have at least 2 contacts)

Name: _____ Phone: _____ Relationship to player _____

Name: _____ Phone: _____ Relationship to player _____

Please list any information you may deem relevant and helpful to help emergency personnel including any medical condition (allergies, asthma, etc) and any medications being taken by participant named above. **Please note that coaches will not be permitted to administer any medications including but not limited to Epi-pens and inhalers.**

WE HAVE READ, REVIEWED FOR ACCURACY, UNDERSTOOD, ACCEPTED AND AGREED TO THE ABOVE:

Print Parent/Legal Guardian Name

Signature Parent/Legal Guardian

Date

Print Parent/Legal Guardian Name

Signature Parent/Legal Guardian

Date