

LAXERGIRL - Consent to Treat Form

This is to certify that I, _____, as parent or guardian of _____, give my consent to LAXERGIRL, LLC, our team's coaches and representatives to obtain medical care from any physician, medical care provider, hospital, or clinic for the above mentioned athlete, for any injury that could arise from participation in the game of lacrosse or any activity relating to LAXERGIRL.

Name of Insurance Company _____
Address _____ Phone _____
Policy Number _____ Insured # _____

In case of Emergency, please notify:

Player's Name _____
Parent/Guardian #1 _____
Address _____
Home Phone # _____ Work # _____ Cell Phone # _____
Parent/Guardian #2 _____
Address _____
Home Phone # _____ Work # _____ Cell Phone # _____
Emergency contact (if parents/guardian unavailable) _____

Doctor's Name _____ Phone _____
Clinic Address _____
Hospital Preference _____

If emergency treatment is required and the parent/guardian cannot be reached immediately, LAXERGIRL team coaches and representatives may use their own judgement in calling the physician indicated on the Medical History Form or if not available, an alternate physician or medical provider?

YES **NO**

(if no, please indicate alternate plan to follow)

Parent/Guardian Signature _____ Date _____

Team Reps: Please give original Consent Form to the coach and keep a copy for your records.