# MALA – Consent to Treat Form

**This is to certify that I,____________________________, as parent or guardian of _________________________________, give my consent to Madison Area Lacrosse Association, our team's coaches and representatives to obtain medical care from any licensed 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.**

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)** _____________________________________________

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**Doctor's Name**_________________________________ **Phone**____________________________

**Clinic Address**_______________________________________________

**Hospital Preference**___________________________________________

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If emergency treatment is required and the parent/guardian cannot be reached immediately, may team coaches and representatives 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 <u>original</u> Consent Form to the coach and keep a copy for your records.**