

**MANASSAS BATTLEFIELD YOUTH LACROSSE CLUB
MANASSAS, VIRGINIA**

**EMERGENCY CONTACT & PERMISSION FORM
TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN**

PERSONAL DATA

PLAYER NAME:	PLAYER BIRTHDATE
Parent/Guardian:	Parent/Guardian:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

MEDICAL INFORMATION

Please list any health problems that might be helpful to a physician when evaluating your child in the event of an emergency:

Allergies to Medications, food, etc:

Is player taking any medications? YES _____ NO _____

List medications:

1. _____

2. _____

3. _____

Does player wear contact lenses? YES _____ NO _____

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give permission to the emergency care personnel/physicians selected by MBYL and/or its coaches to hospitalize and/or secure proper medical treatment for the player named above.

Parent Signature:	Date:
Primary Emergency Contact:	Secondary Emergency Contact:
Relationship to player:	Relationship to player:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone: