



**Consent to Treat**

This is to certify that on this date, I \_\_\_\_\_, as parent or guardian of, \_\_\_\_\_ (athlete), give my consent to LYLA to obtain medical care from any licensed physician, emergency responders from local public authorities, hospital, or clinic for the above mentioned athlete, for any injury that could arise from the participation of an LYLA sanctioned events. Furthermore I certify that I will notify LYLA if a doctor has placed any restrictions on activity or participation in sports for said athlete.

**Please complete the following:**

<b>Name of Insurance Company:</b>	
<b>Address:</b>	
<b>Policy Number:</b>	
<b>Signature of Parent/Guardian:</b>	
<b>Relationship to Athlete:</b>	
<b>Home Phone Number</b>	
<b>Emergency Phone Number:</b>	
<b>Physician Name:</b>	
<b>Physician Phone Number:</b>	
<b>Physician After Hours and Weekend Phone Number:</b>	



## Medical History Form

**Athlete Name:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

**Please complete the following:**

If the answer to any of the following questions is or was yes please describe the situation / condition and it's implications for proper first aid treatment below. Has the Athlete had or presently have any of the following?

	<b>Circle</b>	<b>one</b>
Head injury ( concussion, skull fracture)	Yes	No
Fainting spells	Yes	No
Convulsions / epilepsy	Yes	No
Neck injury	Yes	No
Back injury	Yes	No
Asthma	Yes	No
High blood pressure	Yes	No
Kidney problems	Yes	No
Hernia	Yes	No
Diabetes	Yes	No
Heart murmur	Yes	No
Allergies	Yes	No
If yes, specify:		
Injuries to shoulder(s)	Yes	No
Injuries to knee(s)	Yes	No
Injuries to ankle(s)	Yes	No
Injuries to wrist(s), elbow(s), arm(s), or finger(s)	Yes	No
Impaired vision	Yes	No
Impaired hearing	Yes	No
Other	Yes	No



**Medical History Form**

Has the athlete had a recent tetanus booster? \_\_\_\_\_

Is the athlete currently taking any medications? \_\_\_\_\_ Please detail:

\_\_\_\_\_

Has a doctor placed any restrictions on the athletes activity? \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

Other or Additional Detail:

\_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_