Old Rochester Youth Lacrosse

Release Form for Medical and/or Hospital Treatment

I ……………………………………………hereby grant permission for the Old Rochester Youth Lacrosse or MBYLL/MBGLL Personnel to administer emergency care on site or at the closest hospital near to our practice, or games (or other such facility) rendered to my child……………………………………… while he/she is under their supervision/care.

Parent's Name: ……

Address: ………

Telephone: (H)……………………….. (W)……………………… Fax ……….........................

Email: ....…………………………………………………………………………………………………

MEDICAL INSURANCE COVER:
Name of Company and Policy Number: ………………………………………………………………………………….

OTHER (Relative or Friend) EMERGENCY CONTACT (list two)

Name	Relation	Phone Number	Email

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Name	Relation	Phone Number	Email

……..

MEDICAL HISTORY: (Fill in the blanks where applicable)

Known Allergies ..…………………………………………...
Epilepsy/Seizures ....…………………………………………......
Diabetes...................................……………………………………………………………......
Asthma.. ………………………………………………………....
Bee Sting sensitivity..……………….............................
Relevant Medical/Surgical History
....………………………………………………………………………
……………………..................
Daily Medication (name of drug and frequency)...……………………………………………………………………
…......................................
Other Medical Information We Should Know:...

DECLARATION
I assume responsibility for any medical bills which may be incurred. I further release (Old Rochester Youth Lacrosse and MBYLL/MBGLL, US Lacrosse and/or their representatives from responsibility for any problems that might arise as a result of medical care and or treatment. This includes all hospital staff and US Lacrosse Staff.

DATE: …………………

Parent /Guardian Signature ……………………………………………………………....