

# Foothills Lacrosse – Rage By The River

## Medical Release Form

Please Print: I hereby give my permission for my child (full name) \_\_\_\_\_ to participate in all Foothills Lacrosse events. I further give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This release is in effect for the 2017 Foothills season. I also hereby assume the responsibility for the payment of any such treatment.

**Parents Name:** \_\_\_\_\_

**Parents Address:** \_\_\_\_\_

\_\_\_\_\_

**Parent Email:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother Cell: \_\_\_\_\_ Father Cell: \_\_\_\_\_

### **Insurance Information**

**Insurance Company Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

**Date of Last Tetanus Shot:** \_\_\_\_\_

### **Emergency Contacts:**

(Incase I cannot be reached, either of the following is my designated Representative)

**Coach:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Assistant Coach:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Other:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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