

Emergency Contact and Medical Information

<hr/> Child's Name	<hr/> Date of Birth	M F Sex
<hr/> Parent's/Guardian's Name	<hr/> Parent's/Guardian's Name	
() <hr/> Home Phone	() <hr/> Work Phone	() <hr/> Work Phone
<hr/> Address	<hr/> Address	
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code	

Alternative Emergency Contacts

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact
() <hr/> Home Phone	() <hr/> Home Phone
() <hr/> Work Phone	() <hr/> Work Phone
<hr/> Address	<hr/> Address
<hr/> City, ST ZIP Code	<hr/> City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

<hr/> Physician's Name	<hr/> Phone Number
<hr/> Insurance Company	<hr/> Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

<hr/> Parent's/Guardian's Signature	<hr/> Date
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I release Clinton County Lacrosse and individuals from liability in case of accident during activities related to lacrosse, as long as normal safety procedures have been taken.

<hr/> Parent's/Guardian's Signature	<hr/> Date
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<hr/> Witness Signature	<hr/> Date
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