

SIGNAL MOUNTAIN LACROSSE

EMERGENCY TREATMENT and CONSENT AUTHORIZING TREATMENT FORM

I. EMERGENCY TREATMENT

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without a parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of Signal Mountain Lacrosse, this will allow the hospital to treat the injury. Please have this form notarized prior to turning in to the registrar or coach.

EMERGENCY INFORMATION

Full Name: _____ Squad: _____ Sex: M__ F__

Grade: _____ Age: _____ Date of Birth: / __ / __

Parent's Name: _____
(or Guardian)

Father's SS#: _____ Mother's SS#: _____
(or Guardian) (or Guardian)

Work Address: _____

Phone Number _____

Home Address: _____

Phone Number: _____

Father's Cell Number: _____ Mother's Cell Number: _____

Another Person to Contact in Case of Emergency: _____
Relationship: _____ Phone Number: _____

Insurance Company Name: _____

Policy and Group

Numbers: _____

MEDICAL CONDITIONS:

ALLERGIES: _____

Consent Statement: Authorizing
Treatment

Parent's Signature: _____

Student's Signature (if over age 18): _____

II. PARENTS CONSENT

I hereby give my consent for _____ to represent Signal Mountain Lacrosse
(Name of Athlete) in the sport of Lacrosse in any team
activities, including practices, games, tournaments, and official team gatherings.