

**Saucon Valley Lacrosse Club
Spring 2009 Season
Medical Information & Release**

Form must be completed and provided to the Coach prior to your child be allowed to practice or play. Coaches must have completed forms with them at all times.

I, _____
hereby grant permission for the properly designated Saucon Valley Lacrosse Club personnel to administer emergency care on site or at the closest hospital or medical facility, rendered to my child, _____, while he/she is under their supervision/care.

Date: _____

Parent or Guardian signature

MEDICAL INSURANCE COVERAGE

Name of Company _____

Subscriber _____ Policy # _____

EMERGENCY CONTACT(S):

Name _____ Phone(s): _____

H) _____ (W) _____ (C) _____

MEDICAL HISTORY

Allergies: _____ Seizures: _____ Heart: _____ Diabetes: _____
Asthma: _____ Sensitive to bee stings: _____

Please describe any other pertinent medical or surgical history:

