

Hamburg Boys Lacrosse

Medical Release Form

I _____ give coach _____ leave blank we will fill it in
permission to make any emergency medical decisions necessary in the
event that I can't be contacted or time is of great importance to save
life, limb or any other emergency for _____

Participants Name

Parents Signature

Date

Father's Name: _____ Mother's Name: _____
Father's Home Phone: _____ Mothers Home Phone: _____
Father's Work Phone: _____ Mothers Work Phone: _____
Father's Cell Phone: _____ Mother's Cell Phone: _____
Father's Pager: _____ Mother's Pager _____

Medical Insurance Company: _____
ID#: _____ Group #: _____
Family MD _____
Address: _____
Phone#: _____

Friend/Relative: Name: _____ Phone: _____

Medical Concerns Allergies: _____

Medical Concerns Other: _____

Participant's Name: _____

Please print the name in large letters so we can easily locate in case of emergency