**www.eastbrunswicklacrosse.com**

East Brunswick

**Blackhawks Lacrosse**

**2016 Medical Authorization**

I hereby give permission for (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the Blackhawks Lacrosse Club during the 2016 athletic season. I am aware that participating in youth lacrosse is a potentially hazardous activity. I assume all the risks associated with participating in the Blackhawks Lacrosse Club. I understand the risk to my child includes a full range of injuries from minor to severe, and that the result could be death, paralysis, or other serious permanent disabilities. I agree to accept these risks as a condition of my child’s participation.

Parent or Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known allergies or other pertinent medical information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other emergency contactS**:

NAME PHONE NO. RELATIONSHIP

1st\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Preferred Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give my consent, in the event all reasonable attempts to contact the above designated parties have been unsuccessful, for:

1. The administration of any treatment deemed necessary; and/or
2. The transfer of the child above to the requested hospital or another hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of a licensed physician deems the necessity for the surgery. I have reviewed this consent form and agree to its conditions on behalf of my child.

Parent or Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_

Mail Form to:

**Blackhawks Lacrosse Club P.O. Box 486, East Brunswick, NJ 08816**

Email Form to:

[**register@eastbrunswicklacrosse.com**](mailto:register@eastbrunswicklacrosse.com)

\* The Blackhawks Lacrosse Club is a proud member of the East Brunswick Coalition of Athletic Organizations and is supported, in part, through an indirect grant from the Township of East Brunswick Recreation and Parks Department.\*