



**All America Lacrosse Camp  
Medical Consent Form**

(Parents- it is not necessary for a physician to complete this form)

Campers Name: \_\_\_\_\_ SSN # \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_

In the event of an emergency, please list two people who can be notified:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ (Home) Phone: \_\_\_\_\_ (Home)  
\_\_\_\_\_ (Work) \_\_\_\_\_ (Work)

Does the camper have any known allergies for any food or medications? Yes No  
If yes, please list the food/drug and allergic reaction \_\_\_\_\_

Give the date and time of latest DPT or Tetanus Toxoid inoculation: \_\_\_\_\_  
(If the not inoculated within past 7 years, we recommend booster prior to camp)

Does the camper have any ongoing medical conditions, physically disability or recurring illness that may affect or impair participation in any activities of this camp? Yes No If yes, please attach a physician's note describing the disability and specific limitations for participation.

Is the camper covered by medical insurance? Yes No If yes, please supply information:

Name of Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Parental permission must be obtained before medical treatment can be rendered to persons under 18 years of age. A parent or guardian should sign the following consent form so that indicated care may be given with no unnecessary delay. No major procedures will be performed except in extreme emergency, without parents being notified and fully informed. In the event that a parent does not want treatment rendered under any circumstances, they should cross out the word "GIVE" and write in the word "REFUSE". Please note that your child may not participate in this camp until we receive the Medical/Parental form completed and signed.

I GIVE PERMISSION TO THE ALL AMERICA LACROSSE CAMP AND THE ALL AMERICA LACROSSE CAMPATHLETIC TRAINING STAFF TO CARRY OUT NECESSARY EMERGENCY PROCEDURES SHOULD MY CHILD BE INJURED OR BECOME ILL. I GIVE MY PERMISSION TO THE ATHLETIC TRAINING STAFF TO PROVIDE THE BASIC ATHLETIC INJURY PRIMARY CARE OF ANYACUTE INJURIES, AND, THE RENDERING OF ANY NECESSARY ATHLETIC INJURY FIRST AID, IN LINE WITH THE STANDING ORDERS AND THE ABSENCE OF A PHYSICIAN, AND ALSO PERMIT SUCH PROCEDURES TO BE CARRIED OUT AT A HOSPITAL IN THE EVENT MY CHILD HAS BEEN SENT OR TAKEN FOR EMERGENCY CARE.

Parent/Guardian (Print): \_\_\_\_\_ Parent/Guardian (Signature): \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_ Date: \_\_\_\_\_