

# East Brunswick Blackhawks Girls Lacrosse

34 Winton Road  
East Brunswick, NJ 08816  
732-407-2400

## Medical Authorization

I hereby give permission for (child's name) \_\_\_\_\_, to participate in the East Brunswick Blackhawks Girls Lacrosse during the 2019 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 East Brunswick Blackhawks Girls Lacrosse. I understand the risk to my child includes a full range of injuries from minor to severe, and 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(s) \_\_\_\_\_

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

Child's Date of Birth: \_\_\_\_\_

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

### Emergency Contacts:

<u>Name</u>	<u>Phone No.</u>	<u>Relationship</u>
1 <sup>st</sup> _____	_____	_____
2 <sup>nd</sup> _____	_____	_____

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

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

Name of Preferred Hospital (RWJ or St. Peter's) \_\_\_\_\_

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 of 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 & Date: \_\_\_\_\_