

East Brunswick Blackhawks Girls Lacrosse

21 Civic Center Drive, #13
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 2022 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 st _____	_____	_____
2 nd _____	_____	_____

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: _____