

**ASTON LACROSSE  
MEDICAL INFORMATION & LIABILITY RELEASE**

**Please print and complete all areas:**

Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
*First Middle Initial Last*

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
*Street City*

\_\_\_\_\_ Cell Phone \_\_\_\_\_  
*State Zip*

**EMERGENCY TELEPHONE NUMBERS:**

Phone numbers where coaches can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/Legal Guardian: Name \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Cell \_\_\_\_\_

**MEDICAL INSURANCE CARRIER:**

Parent/Legal Guardian's Insurance Group Name \_\_\_\_\_

Insurance Group Number \_\_\_\_\_

**MEDICAL INFORMATION:**

- Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_
- Date of last tetanus shot: \_\_\_\_\_
- Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:  
Food \_\_\_\_\_ Drug \_\_\_\_\_  
Animal \_\_\_\_\_ Other \_\_\_\_\_
- My child requires the following medicine: \_\_\_\_\_  
Frequency: \_\_\_\_\_
- My child has permission to be given Tylenol or Ibuprofen if they request it.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless Aston Lacrosse, Aston Athletic Association, and its officers, employees, and volunteer staff from any liability.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Legal Guardian

**THIS FORM MUST BE RETURNED FOR REGISTRATION TO BE COMPLETED.**