

**EIAA YOUTH SPORTS
MEDICAL RELEASE FORM
(PLEASE COMPLETE FORM LEGIBLY)**

I hereby give my permission for any and all medical attention necessary to be administered to _____ (youth sports participant) in the event of an accident, injury, sickness, etc. under the direction of the people listed below until such time as I may be contacted. The release is effective for the time during which my child is participating in EIAA's youth Lacrosse. I also hereby assume responsibility for payment for such treatment.

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ email: _____

Insurance Provider: _____ Policy #: _____

Family Physician: _____ Physician's Phone: _____

Any allergies: _____

Any additional relevant medical conditions: _____

In the event I can not be reached, either of the following persons designated may act in my capacity:

Name: _____ Phone: _____

Name: _____ Phone: _____

**Signature of
Parent/Guardian:** _____