

Parental Consent Form

Athlete's Name:

Date of Birth:

Address:

Phone:

Alberta Health Care Number:

Mother's Name:

Work Number:

Home:

Cell:

Father's Name:

Work Number:

Home:

Cell:

Emergency Contact if Parents are unavailable:

Name:

Address:

Phone:

Doctor's Name:

Phone:

Dentist's Name:

Phone:

My child and I are aware that participation is potentially hazardous. I assume all risks associated with participation, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. Further, I recognize the organization to provide emergency care in the event of illness or injury to my child, if qualified personnel consider treatment necessary. This authorization is granted if I cannot be reached and a reasonable attempt has been made to do so.

I hereby give my permission for (name) _____
to participate in (sport) lacrosse for the season of
(year(s)) 2017.



Athlete Medical History Form

(To be filled out by the parent or guardian if the athlete is under 18)

Name:

Date of Birth:

Address:

Phone Number:

Sport or Activity: *Lacrosse*

Alberta Health Care Number:

~~Medical Insurance Number:~~

Height:

Weight:

Family Doctor's Name:

Family Doctor's Address:

Family Doctor's Phone Number:

Date of Last Physical:

Please circle the appropriate response below pertaining to this athlete:

Yes No Previous history of concussions

Yes No Fainting episodes during exercise

Yes No Epileptic

Yes No Wears glasses

if yes: Yes No Lenses shatterproof

Yes No Wears contact lenses

Yes No Wears dental appliance

Yes No Hearing problem

Yes No Asthma, tuberculosis, or bronchitis

Yes No Trouble breathing during exercise

Yes No Heart condition or rheumatic fever

Yes No High or low blood pressure

Yes No Anemia, leukemia, or bleeding disorder

Yes No Diabetes, hepatitis, or jaundice

Yes No Kidney or bladder problems

Yes No Hernia (rupture)

Yes No Mental illness or nervous breakdown

Yes No Illness lasting more than a week in the past year

Yes No Wears medic alert jewellery

Yes No Surgery in the last year

Yes No Hospitalized in the last year

Yes No Injuries requiring medical attention in the last year

Yes No Presently injured

Yes No Any other health problems that may interfere with participation

Request to Return to Participation Form
PARENT/GUARDIAN FORM

This form is to be completed by a parent/guardian.

I, _____ (name of parent/guardian), hereby conclude that
_____ (name of athlete) will be ready to resume participation in
_____ (activity/sport as of _____ (date).

Comments:

Date: _____

Signature: _____

