Chargers Lacrosse Association

Medical Form

Players Name:	Players D.O.B
AHC:	
Address:	
Parent:	Contact #:
Parent:	Contact #:
Medications:	
Allergies:	
Medical Conditions:	
Recent Injuries:	
Tetanus Vaccine:	
Last physical:	

Circle the appropriate responses below:

Yes/No	Heart Condition	Yes/No	Wears dental appliance
Yes/No	Diabetic	Yes/No	Wears glasses
Yes/No	Hearing Problems	Yes/No	Are lenses shatterproof
Yes/No	Medication	Yes/No	Wears contact lenses
Yes/No	Epileptic	Yes/No	Surgery in the last year
Yes/No	Allergies	Yes/No	injuries requiring medical attention in the last year
Yes/No	Asthma		
Yes/No	Trouble breathing during exercise	Yes/No	Presently injured
Yes/No	Fainting episodes during exercise	Yes/No	Health issues that would interfere with participation
Yes/No	Previous history of concussions		

Any medical conditions or injury should be checked by your physician prior to participating in a lacrosse program. Any significant injury, such as a concussion or severe break, will require a doctor's examination and clearance before returning to play.

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and in the event no one can be contacted, team management will take my child to the hospital or doctor if deemed necessary.

I hear-by authorize the physician and nursing staff to undertake examination investigation and necessary treatment of my child. I also authorize the release of information to appropriate people (coach, physician, etc) as deemed necessary.

Date: ______________________________

Printed Name of Parent/Guardian: ______________________________

Signature or Parent/Guardian: ______________________________