

## High River Lacrosse Association Player Medical Release Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Alberta Health Care Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Located Within 30 Minutes of High River: Y N  
 Name: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Located Within 30 Minutes of High River: Y N

Doctor Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Dentist Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Please Circle Appropriate Response

Previous history of concussion?	Y	N	_____
Been treated for head, neck or spine injury?	Y	N	_____
Recurring joint or muscle pain with physical activity?	Y	N	_____
Wears glasses or contacts?	Y	N	Shatterproof? Y N
Wears dental appliance?	Y	N	
Hearing problems?	Y	N	Hearing aids? Y N
History of Asthma? Including exercise induced.	Y	N	Puffer? Y N
Heart condition? Including heart murmur.	Y	N	
Diabetes?	Y	N	Insulin? Y N
Has been hospitalized in the last year?	Y	N	_____
Has had surgery in the past 2 years?	Y	N	_____
Had injury requiring medical attention in the past 3 years?	Y	N	_____
Epilepsy? Including history of seizures.	Y	N	
Allergies?	Y	N	_____
Wears medic alert bracelet, necklace?	Y	N	
On any medication?	Y	N	_____
Vaccines up to date? Including Tetanus.	Y	N	
Has an ILP?	Y	N	_____
Any other health concerns?	Y	N	_____
Currently injured?	Y	N	_____

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

High River Lacrosse  
Player Consent Form

Please initial on right hand side next to each statement.

I \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (player)  
hereby consent and understand my responsibility to the following;

Advise team manager of any changes to the medical information form. \_\_\_\_\_

Give permission for trainers to provide examination of player to determine  
intervention required. \_\_\_\_\_

In the event no one can be contacted, an ambulance will transport player to  
hospital. \_\_\_\_\_

I authorize the physician and nursing staff to undertake examination and  
treatment if deemed necessary. \_\_\_\_\_

This consent will be in effect for the current lacrosse season unless rescinded in  
writing. \_\_\_\_\_

Name of player: \_\_\_\_\_ Signature (over 16): \_\_\_\_\_

Name of parent: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_