



Mercer Island Boys Lacrosse Club

Emergency Medical Permission Agreement

Directions to complete Emergency Medical Permission:

1. Read the Emergency Medical Permission Agreement (2 pages)
2. Complete, sign and date form
3. Hand deliver to coach or team parent at first practice

As a parent or legal guardian, I authorize the team physician, team trainer, or the coach to render the necessary emergency procedure for any injury requiring emergency care. I also authorize these persons to provide or arrange for the appropriate course of professional emergency care, such as Aid Car, EMS, or emergency room transportation, including consultation and treatment by a specialist (i.e. a surgeon or other medical professional). Every reasonable effort will be made to contact the parent or guardians of the nature of the problems and the treatment involved beforehand, except to the extent that making such effort would endanger the life or health of the injured player.

I understand that MILC coaches, other personnel, and volunteers are not trained in the use or application of devices to administer allergy or asthma relief such as EpiPens (epinephrine used for allergic reactions), or puffers for asthma attack relief. If my child has a medical condition that may require the use of such a medical device during a lacrosse practice or game, I accept full responsibility for ensuring that someone is present who understands how to administer the device and will ensure my child receives proper care with that device. I understand that MILC and its coaches, other personnel, and volunteers are not responsible in any way for administering those devices, and I waive any claim against MILC or its coaches, other personnel, or volunteers regarding the use or lack of use of those devices.

Emergency Medical Authorization Form

As a Legal Parent* or legal guardian of the student listed below who is a minor, I give permission to allow the student to participate in all the activities and field trips of the Mercer Island Lacrosse Club ("MILC").

Should an accident or other medical emergency occur during MILC activities and the responsible coach or other leader is unable to reach a parent or guardian for medical authorization, I give my consent to authorize necessary medical treatment for the student, including, but not limited to, hospitalization, injections, anesthesia, surgery and medication.

I agree to be responsible for, and agree to pay upon demand, all medical costs and debts that may be incurred by, or on behalf of, the student during the trip and activities, including, but not limited to, all expenses not covered by insurance that occur as a result of any accident, illness, or medical emergency involving the student.

This authorization is effective from: _____, 20__ through: _____, 20__.

Student's Name: _____ Parent or Guardian Name: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Please check if Student has, or is subject to the following (please explain below):

Asthma: ___ Diabetes: ___ Fainting: ___ Allergy: ___ Heart trouble: ___ Convulsions: ___ Sleepwalking: ___ Bed wetting: ___

Motion Sickness: ___ Others/Comments: _____

Does student need to carry an emergency insect bite or other allergy kit? ___ Yes ___ No

List any food exclusions (i.e. vegetarian, religious restrictions, allergies, etc.): _____

Current Medications: _____

Date of last Tetanus Immunizations (must be current): _____

Health Insurance is required (complete the following)

Health Insurance Company: _____

Policy #: _____ Group #: _____

MEDICATION ADMINISTRATION:

Do we have your permission to administer any/all of the following over-the-counter medicines to the student in case of minor illness?

___ Yes ___ No

Cross out any items for which the student is allergic or that may not be used. The following, or equivalent items, will used only so that the student may continue to take part in trip activities:

Topical Anesthetic Chlortrimeton Neosporin Benadryl Tylenol Dramamine Milk of Magnesia Pepto Bismol TUMS

Maalox Mylanta Sudafed Robitussin DM Imodium AD Hydro Cortisone Cream

Will the Student have prescription medicines in his/her possession? ___Yes ___ No

(These must be in a prescription container with the Student's name on them.)

If yes, please specify? _____

Who is to administer these? _____

(If the student takes medication that requires adult supervision, attach a letter from his/her doctor containing the instructions.)

LEGAL PARENT*/GUARDIAN

Signature: _____

Printed Name: _____

DATE: _____

Signature of Traveling Student

*Legal Parent is defined to mean a parent living in the student's household or if parent(s) are not available because of permanent separation from the student, is the person legally acting in full capacity of parent.