

# FCA Lady Falcons Girls Varsity Lacrosse Emergency Consent Form

## Consent For Treatment and Grant of In Loco Parentis Status

Player's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List all known pre-existing conditions, prior injuries or congenital problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all known allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication(s) currently taken: \_\_\_\_\_

\_\_\_\_\_

Wears contacts: Yes No (circle one)

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_

I give my consent for emergency medical attention to be administered to my daughter prior to my being contacted or arrival.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Parents will be notified in case of a serious injury or illness as quickly as they can be reached, but this form will make immediate treatment possible.**