

Sylvan Lake Lacrosse Association – Player Medical Information

Player Name: _____

Date of Birth: Day _____ Month _____ Year _____

Mailing Address: _____

Provincial Health Care Number: _____

Mother/Guardian Name: _____ **Cell:** _____

Father/Guardian Name: _____ **Cell:** _____

Emergency Contact Name: _____ **Cell:** _____

Medical Information

Has your child had any previous history of **concussions**?

Yes No

Does your child have any **allergies** (food, medication, environmental)?

Yes No

Does your child have any **medical conditions** that could affect participation in lacrosse?

Yes No

Does your child carry **medication** (e.g., inhaler, EpiPen)?

Yes No

If yes, please specify and provide instructions if applicable:

Additional Medical Details

(Please provide details if you answered “Yes” to any of the above)

Consent & Acknowledgement

I understand that it is my responsibility to notify team management immediately of any changes to the medical information provided above.

In the event that a parent or guardian cannot be reached, I authorize Sylvan Lake Lacrosse Association team management to seek emergency medical treatment for my child if deemed necessary. I authorize physicians, nursing staff, and emergency personnel to conduct examinations, investigations, and provide necessary treatment.

I also authorize the release of relevant medical information to appropriate individuals (team manager, coach, medical professionals) solely for the purpose of ensuring my child’s safety and care.

I acknowledge that:

- Lacrosse is a physical sport with an inherent risk of injury, including concussion
- I will promptly report any new injuries, illnesses, or medical concerns
- This medical form will be kept confidential, carried by the team manager for games and events, and securely destroyed at the end of the season

Parent/Guardian Signature: _____ **Date:** _____