

**THIS FORM IS TO BE COMPLETED FOR ANY TEAM
PALMETTO PARTICIPANT.**

**Lax Dog Lacrosse/Team Palmetto High School Club Team
Health History/Medical Treatment Permission Form**

Name of Attendee _____ Birth Date _____ Sex _____ Age _____

US Lacrosse Number _____

Parent or Guardian _____

Home Address _____ Phone _____

Other Emergency Contact _____

Name of Event Attending: 2008 Lax Dog/Team Palmetto Team Practices and Fall Tournaments

Health History: (give dates)

Heart Defect/Disease _____
Convulsions _____
Diabetes _____
Hypertension _____
Mononucleosis _____
Bleeding/Clotting Disorder _____
Frequent Ear Infections _____

Diseases: (give dates)

Chicken Pox _____
Measles _____
German Measles _____
Mumps _____

Allergies: (give dates)

Hay Fever _____
Ivy Poisoning _____
Insect Stings _____
Penicillin _____
Other Drugs _____
Asthma _____

Operations or serious injury (dates): _____

Disability or chronic/recurring illness: _____

Dietary modifications: _____

Current medication taking: _____

Do you carry family medical/hospital insurance? _____ Carrier _____ Policy # _____

I, the undersigned parent/guardian, do hereby grant permission for my son, named above, to attend the event named above. In order that my son may receive the proper medical treatment in the event that he may sustain injury or illness during the period of the above event. I hereby authorize Lax Dog lacrosse/Team Palmetto staff to obtain or provide medical treatment for my son for such injury or illness during the event, and I hereby hold the College, as well as its representatives and Lax Dog/Team Palmetto representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son may sustain physical illness or injury while at an event at practice site or tournament location. If this occurs, I hereby authorize Lax Dog lacrosse/Team Palmetto representatives and to refer my son to a medical treatment center (hospital, etc.) I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son for physical illness or injury that he may sustain during the event.

Understanding that there is always a possibility that my son may sustain physical illness or injury, I acknowledge and understand that my son is assuming the risk of such physical illness or injury by his participation, and I further release USC Bluffton Campus, tournament director(s), its representatives, and Lax Dog lacrosse/Team Palmetto representatives from any claims for personal illness or injury that my son may sustain during the event.

Signed _____ Date _____ Phone _____