

Genesee Valley Lacrosse Plus Day Camp
MEDICAL CONSENT FORM

(Parents - it is not necessary for a physician to complete this form)

Camper's Name: _____ SSN# _____
Address: _____ Phone #: _____
Family Physician: _____ Phone#: _____
Address: _____

In the event of an emergency, please list two people who can be notified:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____ (Home)	Phone: _____ (Home)
_____ (Work)	_____ (Work)

Does the camper have any known allergies for any food or medication? Yes ___ No ___ If yes, please list the food/drug and allergic reaction. _____

Give the date and time of the latest DPT or Tetanus Toxoid injection: _____
(If the latest injection exceeds seven years, we recommend injection prior to camp)

Does the camper have any ongoing disease, physical disability, or recurring illness that may affect or impair participation? Yes ___ No ___ If yes, please attach a physician's note describing the disability and specific limitation for participation.

Is the camper covered by medical insurance? Yes ___ No ___ If yes, please list:

Name of Company: _____ Policy #: _____
Address: _____ Phone: _____

Parental permission must be obtained before medical treatment can be rendered to persons under 18 years of age. The following consent form should be signed by a parent or guardian so that indicated care might be given with no unnecessary delay. No major procedures will be performed except in extreme emergency, without parents being notified and fully informed. In the event that a parent does not want treatment rendered under any circumstance, they should cross out the word "GIVE" on the form below and insert the word "REFUSE". Please note that your child may not participate in this camp until we receive the parents consent form.

I GIVE PERMISSION TO GENESEE VALLEY LACROSSE PLUS DAY CAMP AND THE GENESEE VALLEY ATHLETIC TRAINER STAFF TO CARRY OUT SUCH EMERGENCY DIAGNOSTIC AND THERAPEUTIC PROCEDURES AS MAY BE NECESSARY FOR MY SON/DAUGHTER, AND, IN THE PHYSICIAN'S ABSENCE, FOR THE MEDICAL STAFF ON DUTY TO RENDER EMERGENCY CARE IN LINE WITH STANDING ORDERS, AND ALSO PERMIT SUCH PROCEDURES TO BE CARRIED OUT AT A HOSPITAL IN THE EVENT THAT MY SON/DAUGHTER HAS BEEN SENT OR TAKEN THERE FOR EMERGENCY CARE.

Signed: _____ Relationship: _____ Date: _____
3/04