

INFORMED CONSENT AGREEMENT

Participant Information

First Name:		Last Name:		Gender:	
				Age:	
				Date of Birth:	
Address:			City/Town:		
Postal Code:				AB Health Care #:	
(Home Phone):					
Do you have a pre-existing medical condition/allergy of which we should be made aware? NO YES (Please list)					

Release for Treatment of a Minor: In the event that no one can be contacted, the Beaumont Midget Girls Lacrosse Team will take my child to the hospital/M.D. if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

Release of Information: I also authorize the release of medical information to appropriate people (coaches, physicians, nurses, and EMS) as deemed necessary by the Beaumont Midget Girls Lacrosse Team.

I, as the parent/guardian of the participant named herein, have read, understood and agree to the contents of this Informed Consent in its entirety.

Signed this _____ day of _____

Signature of Parent/Guardian

Print name of Parent / Guardian