Mt. Olive Jr. Lacrosse Club
Medical Release Waiver Form

Your child may not be treated, even in the event of an emergency situation, except when, in the opinion of the attending physician, a life is in the balance. Written consent of a parent and/or guardian is required, for all treatment given, in any hospital's emergency room, for unmarried minors, except in case of extreme emergency. Grandparents, neighbors, or siblings cannot authorize emergency treatment. This release will be in possession of your child's team head coach at all times.

To Whom It May Concern:

I _____ (parent's name) hereby give permission for my child (name)_____ to participate in the Mt. Olive Jr. Lacrosse Club youth program. In the event of an injury, my insurance will provide the primary coverage. Anything not paid by my insurance will be considered by the Mt. Olive Township Sports Accident Policy, which has a $500 deductible.

As the parent and/or guardian of the minor named below, I do hereby voluntarily consent to rendering of treatment, by a qualified and licensed medical doctor, authorized members of the hospital staff or their designee, in the event of a medical emergency, which, in the opinion of the attending physician, may endanger their life, cause disfigurement, physical impairment, or discomfort if delayed. This includes diagnostic procedures, medical/surgical/dental treatment, and/or blood transfusions. This authority is granted, only after a reasonable effort has been made to contact myself, for the period of March 1st through June 30th, of the current calendar year.

I hereby acknowledge that no guarantees have been made to me, as to the affect of such examinations and/or treatments. I have read this form and certify that I will be responsible for all reasonable charges, in connection with the care and treatment rendered during this period.

Please specify any medical allergies, chronic illness, medicines regularly taken and any other condition (i.e. diabetes, etc.):

Child's Name:	**Parent/Guardian:**	
Address:		
Home Phone:	Work Phone:	Cell/ Pager:

Emergency contact #1		
Home Phone:	Work Phone:	Cell/ Pager:
Emergency contact #2		
Home Phone:	Work Phone:	Cell/ Pager:

Physician:		Phone:
Insurance:	Policy Number:	

(Notary Public)

Signature of Parent or Guardian:_____

Subscribed and sworn to me , this day_____ of _____, 2008/2009