

**Athletic Emergency Authorization
Wheaton North Boys Lacrosse Club**

Name: Last _____ First _____

Phone: _____ DOB: ____/____/____

Home Address: _____

Home Phone#: _____

Parent/Guardian (Mother) Cell#: _____

Parent/Guardian (Father) Cell#: _____

Physician: _____ Phone#: _____

Hospital Affiliation: _____

In case of emergency, attempt to contact a parent at home or on a cell phone. If we cannot be reached, attempt to contact the Alternate listed below:

Alternate Name: _____

Phone#: _____ Relationship: _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above-named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

Permission is also granted to the athletic trainer to provide the needed emergency treatment to the athlete prior to his/her admission to the medical facilities.

Father's Signature date

Mother's Signature date

Comments or added
directions: _____

