



Parent Consent Form For Travel

Player's Name: _____

Provincial Medical Number: _____

1. It is the policy of this Association to notify a parent when a child is ill or requires medical attention. Occasionally, we cannot contact parents, and we need to get immediate help for your child. Our procedure is to take the person to the nearest emergency medical service.
2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to us immediately. We will take this consent with us to the emergency center.
3. I hereby give consent for my child _____ when ill to be taken to the nearest emergency center by the Team Staff when I cannot be contacted.
4. I hereby consent my child _____ to receive medical treatments deemed medically necessary by the emergency center.
5. The Medical Lacrosse Form must be completed with the consent form.

Date: _____

Signature of Parent/ Guardian: _____

Print name: _____