

I have examined the above child, reviewed his/her health history. In my opinion he is physically able to engage in the sport of lacrosse. I understand that this information will be kept strictly confidential, and have answered all questions completely, accurately and truthfully and to the best of my knowledge.

EXAMINING PHYSICIAN _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

INSURANCE
COMPANY _____ ID#: _____

GENERAL CONSENT FORM (HOSPITAL/PHYSICIAN)

1. I authorize the performance upon above player of such appropriately indicated physical examinations, X-Rays, laboratory and other routine diagnostic procedures as his Physician or others of the Hospital's medical staff consider being necessary or appropriate which are or will be contemplated for the purpose of diagnosis of his condition with the understanding that the nature of and the need for each procedure will be explained to me beforehand, and that I am free to refuse any one or all procedures if I so choose.

2. I acknowledge that I have received no warranties or assurances with respect to any benefits, which are realized, or consequences, which may result, from any of the examination(s), procedure(s) or treatment(s), which may be carried out. I understand that the practice of medicine is not an exact science and that diagnosis and treatment may involve risks.

3. I acknowledge that I have read this document and that I fully understood it prior to my signing. I understand that I am entitled to make any inquiries.

Parent/Legal Guardian (Print)

Parent/Legal Guardian (Signature)

Relationship to child

Date

