



Empire Lacrosse Camp Medical Form

Campers Name: _____

Address: _____

Phone: (H) _____ (W) _____

(C) _____

Emergency Contact _____ Phone _____

Health Insurance Company _____

Policy Holder's Name: _____

Policy #: _____

I hereby give my permission for my child to be treated for injuries or illness during his stay at the Empire Lacrosse Camp. This includes permission to treat by a doctor or hospital if so needed. However, no treatment or referral to a doctor or hospital will be conducted, except in an emergency, without parents being contacted and fully informed.

This does / does not include the administering of Tylenol or Benadryl

Parent/ Guardian Signature _____ Date _____

