

# West Knox High Lacrosse Team Medical Release Form

This form is used to record parental permission for medical and surgical treatment in case of a medical emergency.

I, the undersigned as the parent or legal guardian of

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Print Player's Name

hereby consent to any and all medical and surgical treatments, including anesthesia or operations which may be deemed advisable by any qualified physician selected by agents of the West Knox High Lacrosse Team. The intention thereof is to grant authority to administer and perform any or all examinations, treatments, or diagnostic procedures which may now or during the course of the patient's care, be deemed necessary by any qualified physician in the case of a medical emergency. Witness of my consent and agreement to the matters stated above, I have subscribed my signature below.

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Parent/Guardian Signature and Date

STATE OF TENNESSEE, COUNTY OF KNOX

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary\_\_\_\_\_

Medical Insurance

Company\_\_\_\_\_Policy#\_\_\_\_\_

Player Date of Birth\_\_\_\_\_

Father's Name\_\_\_\_\_Home Phone\_\_\_\_\_

Business or Cell Phone\_\_\_\_\_

Mother's Name\_\_\_\_\_Home Phone\_\_\_\_\_

Business or Cell Phone\_\_\_\_\_

Allergies or Special Conditions\_\_\_\_\_