

**THIS FORM IS TO BE COMPLETED FOR ANY EVENT
PARTICIPANT UNDER THE AGE OF 18.**

**Fellowship of Christian Athletes (FCA)
Health History/Medical Treatment Permission Form**

Name of Attendee _____ Birth Date _____ Sex _____ Age _____

Parent or Guardian _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Other Emergency Contact _____

Home Address _____ Phone _____

Business Address _____ Phone _____

Name of Event Attending: 2006 High School OW2P Tournament July 14-16, 2006

Health History: (give dates)

Heart Defect/Disease _____
Convulsions _____
Diabetes _____
Hypertension _____
Mononucleosis _____
Bleeding/Clotting Disorder _____
Frequent Ear Infections _____

Diseases: (give dates)

Chicken Pox _____
Measles _____
German Measles _____
Mumps _____

Allergies: (give dates)

Hay Fever _____
Ivy Poisoning _____
Insect Stings _____
Penicillin _____
Other Drugs _____
Asthma _____

Operations or serious injury (dates): _____

Disability or chronic/recurring illness: _____

Dietary modifications: _____

Current medication taking: _____

Do you carry family medical/hospital insurance? _____ Carrier _____ Policy # _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend the event named above. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of the above event. I hereby authorize the FCA Lacrosse staff to obtain or provide medical treatment for my son/daughter for such injury or illness during the event, and FCA representatives, harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at an event with FCA. If this occurs, I hereby authorize FCA Lacrosse representatives and to refer my son/daughter to a medical treatment center (hospital, etc.) I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the event.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release FCA, its representatives, and FCA Lacrosse representatives from any claims for personal illness or injury that my son/daughter may sustain during the event.

Signed _____ Date _____ Phone _____

**“PLEASE COMPLETE THIS FORM AND MAIL IT BACK TO THE FCA
LACROSSE OFFICE IN THE PROVIDED ENVELOPE”**