

**Laxology Lacrosse Camp**  
**Preparticipation Medical Information and Permission Form**

Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Information: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Other Contact \_\_\_\_\_

**Insurance Information**

Company Name \_\_\_\_\_ Policy/ID #'s \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Name of Insured \_\_\_\_\_

Please list any Allergies \_\_\_\_\_

Please list any current medications \_\_\_\_\_

Please circle **yes** or **no** to the following questions

Please explain any yes answers in the space below

Explain yes answers

Have you an injury or illness within the last year?	yes	no	_____
Have you been hospitalized within the last year?	yes	no	_____
Have you had surgery in the last year?	yes	no	_____
Have you suffered a head injury or have knocked unconscious in the last year?	yes	no	_____
Do you currently suffer from headaches?	yes	no	_____
Have you ever suffered a concussion?	yes	no	_____
Do you suffer from asthma?	yes	no	_____
Are you currently using an inhaler?	yes	no	_____
Have you ever suffered a neck injury?	yes	no	_____
Have you ever suffered from heat illness?	yes	no	_____
Do you currently wear glasses or contacts?	yes	no	_____

Date of last athletic physical \_\_\_\_\_

Date of Tetanus \_\_\_\_\_

I / We, the undersigned, hereby certify that I / (we) am (are) the parent or legal guardian of the above stated camper and give permission for the staff of Laxology Lacrosse Camps to seek out appropriate medical attention, in the event of accident, illness, or injury for the duration of the camp. I understand that I will be responsible for any and all medical costs, including emergency treatment, surgeries, x-rays and any necessary follow up care.

I / We, the undersigned, waive, release and discharge Laxology, Inc., James Madison University and any of its employees from any and all liabilities, claims, demands and or causes, that may be sustained or caused by the above individual's attendance and participation in Laxology Lacrosse Camps.

CAMPER'S NAME \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

(Parent or Guardian)

**DATE** \_\_\_\_\_