

Youth Lacrosse Away Game Permission Slip

Player Name:

Team Name:

Date of Away Game:

Location:

Emergency Contact Information

Parent/Guardian Name:

Phone Number:

Alternate Contact:

Phone Number:

Medical Information

Allergies/Medical Conditions:

Medications (if any):

Doctor's Name:

Doctor's Phone:

Parental Permission

I give permission for my child to participate in the above away lacrosse game and authorize the team staff to secure medical care in case of emergency.

Parent/Guardian Signature:

Date:
