

Anne Arundel Youth Lacrosse Club

Medical Preparation Form

- 1) Player must have a Physical Examination (Sports Physical) within the last 12 months prior to departure. Please attach verification from physician to the Medical Information form.
- 2) Send all necessary medication with the player in its prescription bottle. This includes non-prescription and anti-histamines. Dristan, Contact, etc. will be confiscated at customs unless it is in its original package.
- 3) Provide prescription for glasses or contact lenses in case of loss or breakage.
- 4) Please return the completed Medical Information Form on the reverse side of this letter no later than June 20, 2007 to the address below:

England Exchange Program
PO Box 302
Riva, Maryland, 21140

Medical information in England is under a socialized system for which there is little or no charge for the general type treatment for the injuries the players might incur from playing lacrosse. However, our experience has shown that if you can present a medical insurance card or have the necessary medical insurance information, the treatment process is much easier to work through.

Please fill out the following information and ATTACH A PHOTOCOPY OF YOUR PLAYER'S MEDICAL INFORMATION CARD

Player's Name _____

Medical Insurance Provider _____

Address _____

Phone (____) _____ Effective Date: _____

Group/Plan # _____ Policy Number: _____

Medical Information on Reverse Side/Please Type or Print Clearly

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Player's Name: _____ Age: _____ Height: _____ Weight: _____

Address _____

Parent Name _____ Phone: (____) _____

Emergency Contact _____ Phone: (____) _____
(other than parents)

List below any pertinent medical history that could affect any emergency treatment during the trip (childhood diseases, operations, etc.)

Vaccination dates: DPT ___/___/___ MMR ___/___/___ HBV ___/___/___
Tetanus ___/___/___ Polio ___/___/___

List all allergies (to include reactions to medications)

Does your child take any medications daily? Yes _____ No _____

If Yes, please name the medication, the reason for the medication and the dosage.

I hereby give permission for Matt Hogan or Wilson Phipps to consent to treatment for _____ in case of medical emergency during the trip to Stockport, England from July 20, 2007 through August 3, 2007.

Parent/Guardian Signature _____ Date: _____