

## EMERGENCY MEDICAL AND SURGICAL TREATMENT FORM

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatment including anesthesia and operations that may be deemed advisable by his or her physicians and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until his or her physician recommends the patient's discharge.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below.

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_____ Player (minor)	_____ Parent or Guardian (Signature)
_____ Hospital/Clinic Preference	_____ Date
_____ Name of Insurance Carrier	_____ Insurance ID #

**COACH:** We suggest that you keep this medical release form in your coach's packet to be used by the coach only after every effort is made to contact the parent or guardian of the injured player and only in the case of an emergency (This is not to be turned into the office).

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