

Hagerstown Soccer Club

Medical Release Form

This Form is to be used by the coach only after every effort is made to contact the parent or guardian and only in the case of an emergency.

Player's Name: _____

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations, which 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 patients care be deemed advisable or necessary. We also agree the patient, when admitted, is to remain in the hospital until his or her physician recommends the patient's discharge.

I witness of consent and agreement to the matter stated in the three preceding sentences, we have subscribed our signature below.

Minor/Patient

_____ OR _____

Parent Guardian

Date

State of

County of

Sworn to and subscribed before me this _____ day of _____ in the year of Lord _____

_____ My Commission Expires _____

Notary Public