



Medical Release Form **Date:** _____

Players first name: _____ Last name: _____

Person to notify in emergency: _____ #: _____

Doctor to notify in emergency: _____ #: _____

Consent for Medical Treatment

As the parent /guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb and well being of my dependent.

Note health restrictions: _____

Signature of Parent/Guardian: _____

Address: _____



Medical Release Form **Date:** _____

Players first name: _____ Last name: _____

Person to notify in emergency: _____ #: _____

Doctor to notify in emergency: _____ #: _____

Consent for Medical Treatment

As the parent /guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb and well being of my dependent.

Note health restrictions: _____

Signature of Parent/Guardian: _____

Address: _____



Medical Release Form **Date:** _____

Players first name: _____ Last name: _____

Person to notify in emergency: _____ #: _____

Doctor to notify in emergency: _____ #: _____

Consent for Medical Treatment

As the parent /guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb and well being of my dependent.

Note health restrictions: _____

Signature of Parent/Guardian: _____

Address: _____



Medical Release Form **Date:** _____

Players first name: _____ Last name: _____

Person to notify in emergency: _____ #: _____

Doctor to notify in emergency: _____ #: _____

Consent for Medical Treatment

As the parent /guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb and well being of my dependent.

Note health restrictions: _____

Signature of Parent/Guardian: _____

Address: _____