

Pennsylvania Classics 2011-2012 Medical Release

As the parent/legal guardian of, _____ I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue from the above named player. I also hereby assume responsibility for payment of any such treatment.

Players Name: _____ Date of Birth: _____ / _____ / _____

Address: _____ City, State: _____ Zip: _____

Father's Name: _____ Home Phone: (____) _____ Work Phone: (____) _____

Mother's Name: _____ Home Phone: (____) _____ Work Phone: (____) _____

Father's Cell Phone: (____) _____ **Mother's Cell Phone:** (____) _____

In an emergency when parent/guardian cannot be reached, please contact:

Name: _____ Home Phone:(____) _____ Cell/Work Phone:(____) _____

Name: _____ Home Phone:(____) _____ Cell/Work Phone:(____) _____

Known allergies, including allergies to medicine: _____

Other medical conditions: _____

Player's Physician: _____ Work Phone:(____) _____ 2nd Phone:(____) _____

Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

Player's Dentist: _____ Work Phone:(____) _____ 2nd Phone:(____) _____

Insurance information for dental if different than medical insurance:

Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

NOTARIZATION

COMMONWEALTH OF PENNSYLVANIA

County of _____

On this the _____ day of _____, 20____, before me, the undersigned officer, personally appeared

_____ known to me (or satisfactorily proven) to be the person whose name is
(legal guardian)

subscribed to the within instrument and acknowledged that (he) (she) executed the same for the purposes therein contained.

In witness whereof; I hereunto set my hand and official seal.

_____, Notary Public

Signature of Parent/Legal Guardian (Notary must witness signature)