

MEDICAL CONSENT

I hereby grant permission to Hagerstown Community College team physicians and/or their consulting physicians to render any treatment or medical or surgical care that they deem necessary to the health and well being of the undersigned student/athlete.

I also hereby authorize the athletic trainer at Hagerstown Community College, who is under the direction and guidance of the HCC team physicians, to render any preventive, first aid, rehabilitation, or emergency treatment that they deem reasonably necessary to the health or well-being of the undersigned student/athlete. I also authorize release of all medical records to the Athletic Trainer at HCC.

Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

Student/athlete's name: _____ Date of Birth: _____

Student/athlete's signature: _____ Date _____

Student/athlete's Social Security #: _____

Parent(s) signature: _____ Date of Birth: _____

If athlete is under 18 years of age

Parent(s) Social Security #: _____