

**LAMBERTVILLE RAMBLERS**  
**WARREN COUNTY LEAGUE**  
**LAMBERTVILLE, NEW JERSEY 08530**

**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 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 singularly any examinations, treatments, anesthesia, 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 preceding sentences, we have subscribed our signatures below.

\_\_\_\_\_  
Name of Minor-Patient

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Primary Care Physician: Name.

\_\_\_\_\_  
Telephone Number.

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

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ IN THE YEAR OF OUR LORD \_\_\_\_\_

\_\_\_\_\_  
Notary Public

MY COMMISSION EXPIRES: \_\_\_\_\_

AFFIX SEAL