



Name of student athlete _____

Student ID number _____ Sport _____

AUTHORIZATION FOR RELEASE OF INFORMATION

In signing the release of information form, you authorize hospitals, physicians, certified athletic trainers, rehabilitation clinics, and Student Health Services to release medical information to the Athletic Training staff, team physicians, and coaches concerning your health and welfare. This medical information may relate to your past, present, and future injuries or illnesses that may or already have occurred while participating in intercollegiate athletics at Penn College.

Also, by giving the authorization for the release of medical information, you permit the medical staff and Athletic Training staff to disclose information concerning your health to potential professional scouts if the opportunity arises in the future.

MEDICAL CONSENT

You give permission to the Penn College consulting physician as well as the Athletic Training staff to render any treatment that may be necessary regarding your health and well-being.

You authorize the medical staff to render the necessary medical services. You understand that this may include treatment such as medical or surgical care that may need to be provided by the caring team physician or consulting physician.

Also, by permitting necessary treatment, you realize that you are authorizing the athletic trainers to render any treatment that may fall under the headings of preventive first aid, rehabilitation, and emergency treatment. During these instances, the athletics trainer will be working under the supervision of the Susquehanna Health Systems Sports Medicine Physicians.

You also realize that by giving consent for proper care, you are giving permission for hospitalization when necessary at an accredited hospital.

SHARED RESPONSIBILITY FOR SPORTS SAFETY

Participation in sport requires an acceptance of risk of injury. Athletes rightfully assume that those who are responsible for the conduct of sport have taken reasonable precaution to minimize such risk and that their peers participating in the sport will not intentionally inflict injury upon them.

You have read the above shared responsibility statement. You understand that there are certain inherent risks involved in participating in intercollegiate athletics. You acknowledge the fact that these risks exist and are willing to assume responsibility for such risks while participating at Penn College.

Parent's signature (if student athlete is a minor)

Student athlete signature

Date (if student-athlete is a minor)

Date