MUHLENBERG COLLEGE ATHLETIC TRAINING

Student Name_______________________________ Sport(s) ______________________

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CONSENT FOR TREATMENT

If you should refuse to sign, you should cross out the word “give” and insert the word
“refuse”. If the form is not signed, it will be interpreted as a refusal of permission.

“I give permission to the athletic trainers at Muhlenberg College who under the direction
and guidance of the team physician and consulting physicians of Muhlenberg College to
render my son or daughter or myself emergency care and other medical care in line with
standing orders, and also permit such procedures to be carried out by an accredited
hospital or emergency care facility in the event that my son or daughter or myself has
been sent or taken there for emergency care. This includes while in season and out of
season.

The undersigned also herewith,

Understands that he/she must refrain from activity while ill or injured, whether or not
receiving medical treatment and during medical treatment, until he/she is discharged from
treatment or is given permission by the physician/certified athletic trainer to restart
participation despite continuing treatment.

Understands that having passed the physical examination does NOT necessarily mean
that he/she is physically qualified to engage in athletics, but only that the examiner did
not find medical reason to disqualify him/her at the time of the said examination.

__________________________   ______________________________
Date      Signature of Student Athlete

______________________________
Signature of Parent or Guardian
(If Student Athlete is under 18 years of age)