Student Name_______________________________ Sport(s) _________________

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)