



MUHLENBERG COLLEGE ATHLETIC TRAINING

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 in the event that my son or daughter or myself has been sent or taken there for emergency care. This includes during both the traditional and non-traditional seasons.”

Date

Signature of Student Athlete

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

5/15/08