

Converse College Sports Medicine

Student-Athlete Informed Consent

Medical Consent

I hereby grant permission to the Converse College athletic team physicians and/or their consulting physician to render to my daughter or myself, any treatment, medical, or surgical care that they deem reasonably necessary to my daughter or my health and well being.

I also hereby authorize the Athletic Trainers at Converse College who are under the direction and guidance of the Converse College athletic team physicians, to render to my daughter or myself, and preventative, first aid, rehabilitative, or emergency treatment that they deem reasonably necessary to my daughter or my health and well being.

Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

*Signature may be that of a student-athlete over 18 years of age; if not 18, please have a parent or guardian sign.

Signature or Parent/Guardian Signature

Date

Social Security Number of Student-Athlete

Shared Responsibility for Sports Safety

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

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

*Signature may be that of a student-athlete over 18 years of age; if not 18, please have a parent or guardian sign.

Signature or Parent/Guardian Signature

Date

Social Security Number of Student-Athlete

HIPAA Release

Under the Health Insurance Portability and Accountability Act (HIPAA) effective April 14, 2003, the Converse College Athletic Training Staff will not be permitted to speak to anyone in regards to an injury on condition unless a release is signed which specifies given information to be disclosed. This release will be effective upon signature of the student-athlete and be valid for one calendar year.

I authorize the release of my health-related information to only those directly involved with the Converse College Sports Medicine Department. Those individuals include, but are not limited to, the Certified Athletic Trainer, Team Physician/Orthopedic, Coaches, Parents, Nurse, Athletic Director, School Administrators, Media, and other business associates directly associated with Converse College Sports Medicine. I understand that my health-related information must be shared with my third party provider as well as the Athletic Department's provider for payment purposes. Only the necessary documentation of my medical information will be disclosed to the individuals listed.

*Signature may be that of a student-athlete over 18 years of age; if not 18, please have a parent or guardian sign.

Signature or Parent/Guardian Signature

Date

Social Security Number of Student-Athlete