

## MEDICAL CONSENT

I/We hereby grant permission to Ursinus College, its physicians and or athletic trainers to render first aid treatment, medical or surgical care deemed reasonably necessary to the health and well-being of \_\_\_\_\_(Student). I/We further authorize the athletic trainers at the above-named institution who are under the direction and guidance of Collegeville Family Practice, Berkshire Orthopaedic Associates, Center for Advanced Orthopaedics, and Penn Sports Medicine to render any first aid or preventive, rehabilitative or emergency treatment deemed reasonably necessary to protect the health and well-being of the aforementioned student. I/We additionally grant, when necessary for protecting the health and well-being of the aforementioned student, permission for hospitalization, treatment or surgery at a competent and/or accredited facility.

## ACKNOWLEDGMENT

I/We, the undersigned, grant permission for the school employees to secure medical services for the aforementioned student, if necessary. It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither Ursinus College nor its athletic trainers assume any responsibility in the event of an accident. In consideration of the above-named student being permitted to participate in Ursinus College Intercollegiate Athletics, I/we hereby release Ursinus College, its employees and athletic trainers, together with all persons assisting with any phase of such activities from all liability and responsibility in connection with such activity. I/We further agree to indemnify and hold harmless said parties from all claims hereafter made and asserted by or on behalf of the above-named student, his parents, guardian(s), heirs, executors or assigns. I further authorize any physician to release confidential information concerning an athletic injury to the coaches or medical staff of the college.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
(Parent/Guardian Signature)

By: \_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
Sport(s)