

Flagler College Sports Medicine Consent Form

Please read the following consent form carefully. If you are under 18 years of age, the signature of a parent or legal guardian is required.

(Print) Student-Athlete Name: _____

Consent to Treatment

I hereby grant permission to Flagler College Team Physicians and/or their consulting Physicians to render to myself (my son or daughter) any treatment and medical or surgical care that they deem reasonably necessary to the health and well-being of the student-athlete.

I also hereby authorize the Certified Athletic Trainers at Flagler College who are under the direction and guidance of Flagler College Team Physicians, to render to myself (my son or daughter) any preventive, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well-being of the student-athlete. Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

If an injury/illness occurs off campus, I authorize the Flagler College Athletic Training Staff or Coach to seek and render treatment or medical care that they deem reasonably necessary, including hospitalization, for my (son's or daughter's) health and well being.

Assumption of Risk/ Release of Liability

I hereby acknowledge that I (my son or daughter) understand (s) that there are certain inherent risks involved in participating in intercollegiate athletics. I (my son or daughter) acknowledge the fact that these risks exist, and I (my son or daughter) am (is) willing to assume responsibility for such risks while participating in the sport(s)_____. I also acknowledge that I (he or she) am (is) exposing myself (himself/herself) to the risk of serious injury, including but not limited to, the risk of sprains, strains, fractures and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my (his or her) limb, brain damage, paralysis, or even death. I (he /she) also understand that there are risks involved with traveling in connection with intercollegiate athletics. Having been so cautioned and warned, it is still my (his or her) desire to participate in the above sport(s). As consideration for participation in the sports program, I(he/she) hereby voluntarily assume(s) all risks associated with participation and agree to exonerate, save harmless and release Flagler College, its agents, servants and employees from any and all liability, any medical expenses not covered by the Flagler College secondary athletic insurance policy, and all claims, causes of action or demand of any kind and nature whatsoever which may arise by or in connection with my (his/her) participation in any activities related to intercollegiate athletics.

Prescription/Over-The-Counter Medication Release Authorization

I authorize a representative of the Flagler College Sports Medicine Department, under the supervision and protocol of the Flagler College Intercollegiate Athletics Team Physicians, to act as my caretaker and agent to receive, procure, store, and issue any medications, which are prescribed for me.

Parent or Guardian Signature

___/___/___
Date

Student-Athlete Signature

___/___/___
Date

Photocopies of this form are as binding as is the original and shall remain in effect until revoked in writing.