

Tri-County Technical College Athletics Department Medical Consent

If a serious injury or medical condition should occur in conjunction with participation on an intercollegiate athletic team, a member of the Athletics Department staff will attempt to contact a parent. In the event immediate contact cannot be established, the following statements are provided for your authorization/permission. If you do not wish to provide this authorization, please attach a separate piece of paper explaining whatever procedure you wish to be followed.

- I/WE hereby grant permission to the TCTC Athletics Department, its athletic team physician and/or athletic trainers to render aid, treatment, and medical or surgical care deemed reasonably necessary to health and well-being of
- I/WE further authorize the athletic trainers at TCTC to render any first aid or preventive, rehabilitative, or emergency treatment deemed reasonably necessary to the health and well-being of
- I/WE additionally grant permission for hospitalization treatment or surgery at a competent and/or accredited facility when it is necessary to protect the health and well-being of
- If a medical emergency arises while is participating in an athletic contest away from home, I/we consent to an examination and/or treatment by a physician recommended by the host school authorities.

Student Athlete's Name (printed): _____ Date: _____

Student-Athlete's Signature: _____ Date: _____

*Parents(s) Signature: _____ Date: _____

*If the student athlete is 18 years or older, a parent(s) signature is not required for medical treatment consent. However, it is highly recommended that the parent(s) read and sign the form to indicate that they acknowledge and understand the information provided on this page.