

# Athletic Consent Form

PLEASE READ THE FOLLOWING CONSENT FORMS CAREFULLY:  
(If you are under 18 years of age, your parents/guardian **MUST** also sign)

The basic content of each consent is:

- A. Medical Consent:** Allows Oxford College of Emory University athletic trainers and team physicians to treat any illness or injury you sustain while at Oxford College of Emory University.
- B. Release of Information:** Allows Oxford College of Emory University athletic trainers and team physicians to release information concerning your illnesses or injuries to parents and/or coaches.
- C. Shared Responsibility:** Discusses the shared responsibility for health and safety between athlete and staff. Informs you that there are certain inherent risks involved in participating in intercollegiate athletics and states that you are willing to assume responsibility for such risks.

If you choose to refuse to sign any of these consents, please write "Refused to Sign" with the date and your initials.  
**Faxed documentation will not be accepted, please send originals.**

## Medical Consent – Part A

I hereby grant permission to Oxford College of Emory University team physicians and/or their consulting physicians to render to me (or to my son or daughter if under 18 years of age) any treatment or medical or surgical care that they deem reasonably necessary to preserve and/or improve my health and well-being (or the health and/or well being of my son or daughter).

I also hereby authorize the athletic trainers at Oxford College of Emory University, who are under the direction and guidance of the Oxford College of Emory University team physicians, to render to me (or to my son or daughter if under 18 years of age) any preventive, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to preserve and/or improve my health and well-being (or the health and/or well being of my son or daughter).

When necessary for executing such care, I grant permission for my hospitalization at Emory University Hospital or another accredited hospital (or for hospitalization of my son or daughter).

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

Signature should be that of the student athlete if over 18 years of age. If the student athlete is under 18 years of age, parent/guardian must also sign

\_\_\_\_\_  
**SIGNATURE OF STUDENT ATHLETE**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

## Authorization For Release of Information – Part B

This is to authorize Oxford College of Emory University athletic trainers and team physicians to release medical information about me (or about my son or daughter if under 18 years of age) to my parents and/or coaches, including information concerning illness or injury relative to my past, present or future participation in athletics at Oxford College of Emory University (or my son's or daughter's past, present or future participation).

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

\_\_\_\_\_  
SIGNATURE

Signature should be that of the student athlete if over 18 years of age. If the student athlete is under 18 years of age, parent/guardian must also sign

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

## Shared Responsibility For Health and Sports Safety – Part C

Recognition of student and staff rights and responsibilities enhances the partnership between student athletes, coaches, trainers and team physicians, and establishes an atmosphere of trust, mutual respect and concern. All Oxford College of Emory University student athletes will be treated with respect, dignity and consideration by EUSM staff and healthcare providers. Student athletes have the responsibility to show consideration and respect for other athletes, coaches, athletic trainers, team physicians, other healthcare providers and EUSM staff.

All Oxford College of Emory student athletes have the responsibility to communicate changes in health status and/or injury conditions to athletic trainers and team physicians. Student athletes have the responsibility to follow instructions given by athletic trainers and team physicians or to discuss any obstacles to complying with the prescribed treatment plan. Student athletes must also accept responsibility for refusing treatment or not following the treatment plan, including accepting responsibility for the impact such actions may have upon their clearance status for practice or competition.

Participation in sports requires an acceptance of risk of injury. Athletes rightfully assume that those who are responsible for the conduct of sport, including coaches, athletic trainers and team physicians, have taken reasonable precautions to minimize such risk. Coaches, athletic trainers and team physicians rightfully assume that an individual athlete will do everything possible to participate safely in his/her sport and to follow the guidelines and rules of the GJCAA and the NJCAA. However, guidelines, rulebooks and equipment standards alone cannot insure safety. Sports safety can only be maximized when athletes (individually and collectively), coaches, athletic trainers, team physicians and other staff dedicate themselves to such safety.

***I have read the above shared responsibility statement. My signature below demonstrates my willingness to abide by the guidelines and rules of the Oxford College of Emory University Athletic Department and the NJCAA, and to actively participate with my coaches, trainers and team physicians to protect and improve my health and safety. 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 at Oxford College of Emory University.***

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

If the student athlete is under 18 years of age, parent/guardian must also sign

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN