



Medical Consent

I hereby authorize the Club Sports Athletic Trainers and Team Physician to render treatment and medical care that they deem necessary to my health and safety. I also authorize the Club Sports Athletic Trainer, to provide preventative, first-aid, rehabilitative or emergency treatment deemed necessary for my health and safety. In addition, when necessary, I grant permission for hospitalization for injury or illness.

As a participant in Club Sports, it is my responsibility and I understand the following:

- I will report all injuries or illness to the Club Sports Athletic Trainer as soon as possible.
- I will report on time to scheduled appointments.
- I may also receive care at Vaden Student Health Center for injuries or illness in the event that the Club Sports Athletic Trainer is unavailable.
- I will receive treatment and continue rehabilitation until released by the Club Sports Athletic Trainer.
- I must be cleared by the Club Sports Athletic Trainer or Team Physician prior to resuming activity following an injury or illness.
- The Club Sports Athletic Trainer and Team Physician are not responsible for any previous treatment medical conditions that predate treatment by the Club Sports Athletic Trainer and Team Physician.
- I must maintain health insurance equal to or greater than that offered by the Stanford Cardinal Care (Student Health Insurance) Plan. In the event that I am dropped from coverage, I will be responsible for bills associated with treatment for any injury as a result of my participation.

I have carefully read this medical consent form and authorize the Club Sports Athletic Trainer and Team Physicians render care of injuries and illnesses that I may incur. Also, I understand my responsibilities as a participant.

By signing below I certify that I am 18 years of age or older.

Name of Participant: _____ Student ID: _____ Sport: _____

Signature: _____ Age: _____ Date: _____

Parent Signature (if under 18): _____ Date: _____