

Our Lady of the Lake University Consent Form

Print Name: _____

(If you are under 19 years of age, your parents must also sign)

The basic content of each is:

- A. **Medical Consent:** Allows Our Lady of the Lake University Athletic Trainer and Physicians to treat any injury or illness incurred by you while at OLLU.
- B. **Release of Information:** Allows those listed to release information concerning your injuries to the media/and or other medical professionals.
- C. **Assumption of Risk:** Provides information to you concerning certain inherent risks involved in participating in intercollegiate athletics and that you are willing to assume responsibility for such risks.

MEDICAL CONSENT

I hereby grant permission to Our Lady of the Lake University team physicians and/or their consulting physicians to render me, any treatment or medical or surgical care that they deem reasonably necessary to my health and well being. I also hereby authorize the athletic trainers at Our Lady of the Lake University who are under the direction and guidance of Our Lady of the Lake University team physicians, to render me any preventative aid, rehabilitative or emergency treatment that they deem reasonable necessary to my health and well-being.

Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

Date: _____

Signature: _____

Parents Signature: _____

(If you are under 19 years of age, your parents must also sign)

HIPPA AUTHORIZATION TO RELEASE AND OBTAIN MEDICAL INFORMATION

HIPPA was created to protect individual's personal health information and increased patient access to personal records. This form authorizes the release of medical information to the OLLU athletic trainers, team physicians, and athletic coaches, furthermore to provide necessary medical information to the OLLU Sports Information Department and media outlets concerning illness or injury relative to my participation in athletics at OLLU. This document is active for one year after date of signature.

Date: _____

Signature: _____

Parents Signature: _____

(If you are under 19 years of age, your parents must also sign)

ASSUMPTION OF RISK & SPORTS SAFETY

The responsibility of sport safety must be shared. This group includes administrators, coaches, physicians., athletic trainer, and student-athletes. I, the undersigned, am aware that there are certain risks of injury involved in my participation in Intercollegiate Athletics at Our Lady of the Lake University. I understand that my signature does not relieve the University of its responsibilities to me. This document is intended to make me aware of my responsibility on preventing injuries complying with the treatment plan of the OLLU athletic medical staff, and that there is a risk of injury. I understand that this includes the risk of spinal cord and brain injury that may result in paralysis and the possibility of other permanent injuries or death.

I have read the above shared responsibility statement. I acknowledge the fact that these risks exist and I am willing to assume responsibility for such risks while participating at Our Lady of the Lake University.

Date: _____

Signature: _____