



Loras College
Athletic Training Department

Medical Consent Form

Student Athlete: _____ Date of Birth: _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student athlete. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student athlete may be given. Major emergency surgery will not be performed unless the medical opinion of another licensed physician concurring in the necessity for such surgery is obtained prior to the performance of such surgery.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer to provide the needed emergency treatment and first aid to the athlete prior to his referral to the attending physician or admission to the medical facilities.

Signature of Parent or Guardian Date

Signature of Student-athlete Date

Telephone Numbers Where Parent(s)/Guardian(s) can be reached:

Home: _____

Mother Office: _____

Father Office: _____

Cell of Mother/Guardian: _____

Cellular Father/Guardian: _____

Name of Family Physician: _____

Telephone Number: _____