



# Aquinas College Athletic Training

## Consent for Treatment

I hereby grant permission to the Athletic Training Staff of Aquinas College to evaluate and treat any injury/illness that occurs as a result of my participation in intercollegiate athletics at Aquinas College. This includes any and all reasonable and necessary preventative care, first aid, treatment, rehabilitation or emergency treatment

I also hereby grant permission to the Aquinas College team physician and/or their consulting physicians to render treatment or medical care that they deem necessary for my health and well being.

This authorization expires one (1) year from the date signed. This consent can be withdrawn at any time, by the student-athlete, in writing.

Date \_\_\_\_\_

Athlete's Name \_\_\_\_\_  
(Print)

Athlete's Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
(IF ATHLETE UNDER 18 YEARS OLD)