

William Jewell Athletic Medicine

Permission to Provide Medical Treatment

I, _____, hereby give permission to be treated for any injury or illness sustained, acquired, or aggravated while engaged in athletic activity. I understand that the medical personnel William Jewell College, including athletic trainers, student athletic trainers, nurses, and team physicians will perform only those procedures which are within their training, credentialing, and scope of practice to prevent, treat, and rehabilitate injuries or illnesses. I acknowledge that no guarantees have been made as to the results of the examination(s) and treatment(s). Additionally, permission is hereby given for emergency care in case of accident or illness.

Signature of Student-Athlete

Date

Parent/Guardian Signature