

## Permission to Treat

Permission is hereby granted to Northwood University to proceed with any needed medical or minor surgical treatment, x-ray exams, and immunization for the above-named student athlete. In the event of serious illness, the need for major surgical treatment, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious manner possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of the above-named student athlete may be given.

Athlete's Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## Acceptance of Risk

I, \_\_\_\_\_, am aware of and accept the risk of injury associated with the intercollegiate sports in which I will be participating. I will do my part to reduce the injury risk by keeping myself in the best possible physical condition and to follow the advice of the team physician, athletic trainer, and/or coaches concerning the prevention, treatment, and rehabilitation of athletic injuries.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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