

**Loras College  
Athletic Training Department**

**Healthcare Consent Form**

Student Athlete: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In the event that, in the judgment of an attending physician, the above-described Student Athlete is unable to make healthcare decisions due to age or otherwise, permission is hereby granted to any healthcare provider to provide necessary healthcare services to him/her including, by way of illustration but not limitation, medical or surgical treatment, blood and/or blood products, and other procedures or tests. When necessary for executing such care, permission to hospitalize is hereby granted.

In the event that an emergency arises during competition or at a practice session, permission is also granted to Loras College, including its athletic trainers and physical therapists, to provide such preventive, first aid, rehabilitative or emergency care and treatment as they deem reasonably necessary.

The undersigned further authorizes Loras College to notify the person(s) identified below of the physical or mental condition of the above-described Student Athlete if Loras College deems it to be in his/her best interest.

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Signature of Student Athlete \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Parent or Guardian (if athlete is under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

Contact Information:

Name(s): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Address(es): \_\_\_\_\_