



## Medical Consent/Release Form

Student-Athlete's Name:

***Please read the following consent forms carefully. The student-athlete's signature or parent's signature (for student under age 18) is required.***

### **Medical Consent**

I hereby grant permission to Vance-Granville Community College and team physicians and/or their consulting physicians and other medical personnel under their direction to render to my son/daughter/myself any treatment and medical or surgical care that they deem reasonably necessary to the health and well-being of the student-athlete. I also hereby authorize the athletic trainers at Vance-Granville Community College, who are under the direction and guidance of their team physicians, to render to my son/daughter/myself any preventative, first aid, rehabilitative, or emergency treatment that they deem reasonably necessary to the health and well-being of the student-athlete. I also hereby authorize the coaching staff at Vance-Granville Community College to render first aid and seek treatment for my son/daughter/myself as deemed necessary. Also, when necessary for executing such case, I grant permission for emergency transportation and hospitalization at an accredited hospital. This consent specifically includes consent to release all information that may be required for treatment, including but not limited to insurance information.

Student-Athlete's Signature

Date

Parent's Signature

Date

### **Release and Assumption of Risk**

Participation in a sport involves inherent risk of bodily harm and requires an acceptance of risk of injury. Student-athletes must assume that their participation can result in injury to them, even serious injury.

I understand that by willingly participating in athletics at the collegiate level, I am knowingly undertaking and assuming a non-controllable risk which may result in an injury that may be severe in nature. Such an injury may result in paralysis or death. I understand these risks and agree to accept full personal responsibility for all risks, foreseen and unforeseen, in connection with my participation in athletics at the collegiate level.

I hereby assume all risks associated with participation in athletics at Vance-Granville Community College (including transportation to and from events) and agree to waive from liability and hold harmless Vance-Granville Community College, its employees, agents, representatives, coaches, volunteers, and athletic



trainers from and against any and all claims, demand, losses, or liabilities of any kind or nature which may arise in connection with injuries while participating in, or in any way in connection with, intercollegiate athletics.

Student-Athlete's Signature

Date

Parent's Signature

Date

**Authorization for Release of Information**

In signing the Authorization for Release of Information form, I authorize hospitals, physicians, certified athletic trainers, rehabilitation clinics, and student health services to release medical information to the Vance-Granville Community College Athletic Training Staff, team physicians, and coaches concerning my health and welfare. The medical information may relate to my past, present, and future medical conditions, injuries, or illnesses that may occur, or already have occurred, in connection with or relevant to intercollegiate athletics at Vance-Granville Community College or otherwise.

Also, by giving the authorization for the release of medical information, I permit the representatives of Vance-Granville Community College, medical staff, and athletic training staff to disclose information concerning my health to parents/guardians, potential professional scouts, or College coaches interested in recruiting me, if the opportunity arises in the future.

Student-Athlete's Signature

Date

Parent's Signature

Date

**Medical Insurance**

\_\_\_\_\_ I DO NOT CURRENTLY HAVE MEDICAL INSURANCE

\_\_\_\_\_ I HAVE MEDICAL INSURANCE:

INSURANCE COMPANY:

PHONE NUMBER:

PRIMARY CARE PHYSICIAN:

PHONE NUMBER: