

**LAKE ERIE COLLEGE – VARSITY ATHLETICS  
MEDICAL RELEASE FORM: 8/1/07 – 7/31/08**

Dear Student,

Your signature on this form allows the Lake Erie College Sports Medicine Staff to treat you for any athletic related injury or emergency.

I, \_\_\_\_\_, hereby give my permission to undergo  
(print your name here)

medical treatment for injuries or illnesses that I may sustain or acquire while engaged in intercollegiate athletics. I understand that the medical staff includes certified athletic trainers, team physicians. I understand that they will only perform procedures within their training, credentialing, and scope of professional practice to prevent, treat, and rehabilitate athletic injuries.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Your Date of Birth

\_\_\_\_\_  
Today's Date

**Minor Student-Athletes**

I, \_\_\_\_\_, hereby give my permission to undergo  
(print parent/guardian's name here)

medical treatment of injuries or illnesses that \_\_\_\_\_  
(print student-athlete's name here)

may sustain or acquire while engaged in intercollegiate athletics. I understand that the medical staff includes certified athletic trainers, team physicians, and sport medicine students. I understand that they will only perform procedures within their training, credentialing, and scope of professional practice to prevent, treat, and rehabilitate athletic injuries. I understand that in case of an injury or emergency, attempts will be made to contact me prior to treatment. In the event that I cannot be contacted within a reasonable amount of time, I authorize any duly licensed medical practitioner to perform such procedures as may be necessary to alleviate the problem.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone