

**Great River Medical Center Athletic Training
MEDICAL CONSENT AND PHYSICAL FORM CONSENT**

Name: _____
Last
First
Middle

Date of Birth: _____ Gender: _____

Year in School: _____ Sport(s): _____

Medical Consent

I hereby grant permission to Great River Medical Center's Athletic Training Staff and Team Physicians/Consultants to render to my son or daughter, or to myself, any treatment or medical care deemed reasonably necessary. This includes preventive care, first aid, assessments, rehabilitation, treatment modalities and emergency treatment. Also, if deemed necessary, I grant permission for hospitalization.

Parent Signature (If Student Is Under 18)

Parent/ Guardian Print

Parent/ Guardian Signature

Student Signature (If Student Is Over 18)

Student-Athlete Printed Name

Student-Athlete Signature

Physical Form Consent

I hereby grant permission to Notre Dame High School to release my son or daughter's yearly sports physical form to Great River Medical Athletic Training Staff.

Parent Signature (If Student Is Under 18)

Parent/ Guardian Print

Parent/ Guardian Signature

Student Signature (If Student Is Over 18)

Student-Athlete Printed Name

Student-Athlete Signature
