ATHLETIC DEPARTMENT

MEDICAL CONSENT & ACCEPTANCE OF RISK FORM

The following policy and consent forms will remain valid for one year from the date of signature. The following documentation is to be read carefully. *If you are under 18 years of age, your parent or guardian must also sign.*

MEDICAL CONSENT

I hereby grant permission to the Muskegon Community College Athletic Training Staff, Team Physicians, and Medical Consultants to render to my son/daughter, or myself, any medical care deemed reasonably necessary. This includes preventive care, first aid, rehabilitation, and emergency care treatment. Also, if deemed necessary, I grant permission for hospitalization.

______________________________  ________________________________
PRINT STUDENT-ATHLETE NAME  SIGNATURE STUDENT-ATHLETE

______________________________  ________________________________
DATE  SIGNATURE PARENT/GUARDIAN (If under 18 years of age)

ACCEPTANCE OF RISK AND SHARED RESPONSIBILITY FOR ATHLETIC SAFETY

I understand that passing the pre-participation physical examination does not necessarily mean that I am physically qualified to engage in intercollegiate athletics, but only that the examiner did not find a medical reason to disqualify me from participation. I realize that participation in athletics entails risk of injury, permanent disability, and even death. I understand that I share in the responsibility of minimizing these risks to myself and others by keeping in the best possible condition and by following the advice of the Team Physicians / Consultants, Certified Athletic Trainers, Health Services, and Coaches concerning the prevention, treatment, and rehabilitation of athletic injuries or illnesses. I accept the responsibility of promptly reporting all injuries and illnesses to the Certified Athletic Trainers. I understand that I must provide accurate and honest information regarding my physical condition including all previous history and current medications.

I, the undersigned, have read and fully understand the above acceptance of risk and shared responsibility statement. I acknowledge the fact of these risks, and I am willing to assume responsibility while participating in intercollegiate athletics at Muskegon Community College.

______________________________  ________________________________
PRINT STUDENT-ATHLETE NAME  SIGNATURE STUDENT-ATHLETE

______________________________  ________________________________
DATE  SIGNATURE PARENT/GUARDIAN (If under 18 years of age)
STUDENT - ATHLETE HIPAA AUTHORIZATION FORM

I understand my privacy rights under the federal regulations mandated by the Health Insurance Portability and Accounting Act (HIPAA) and, in waiver of those rights, I authorize Muskegon Community College and Mercy Health Partners Sports Medicine/Athletic Training Staff, including full-time and part-time staff, student interns, and athletic training students, to provide to my parents or guardians, coaches, the staff/personnel of my educational institution, other medical professionals/organizations, and insurance company representatives, any and all information concerning my medical care, injury, rehabilitation, treatment, and health status. This information is to be used for the following purposes: advising appropriate persons of my health or injury status relating to the need for further medical treatment, advising the coaching/educational institution staff of my health and/or injury status and any restrictions on my ability to participate in athletics, and accessing insurance coverage under any policy that may cover the costs of my medical treatment.

This authorization is valid for as long as I participate in athletics at Muskegon Community College. I have the right at any time to withdraw this consent and I understand any such withdrawal must be done in writing to Muskegon Community College’s Athletic Department. I understand that any withdrawal of consent will not, however, be effective as to any disclosures that Muskegon Community College and Mercy Health Partners Sports Medicine/Athletic Training staff made in reliance upon this authorization prior to receipt of my written withdrawal of consent. I also understand that the information that is disclosed by Muskegon Community College and Mercy Health Partners Sports Medicine/Athletic Training staff pursuant to this authorization may be re-disclosed by persons/entities who receive any such information.

I understand that it is my choice to sign or not sign this agreement and that I cannot be denied medical treatment for refusing to sign. However, I also understand that by choosing not to sign this document, I will not be able to participate in intercollegiate athletics at Muskegon Community College.

PRINT STUDENT-ATHLETE NAME

_____________________________________________

SIGNATURE STUDENT-ATHLETE

_____________________________________________

DATE

SIGNATURE PARENT/GUARDIAN (If under 18 years of age)