

Limited Release of Necessary Medical Information

A student who plans to participate in athletics or certain Health and Physical Education classes must provide health records to the Athletic Trainer or to the appropriate Health and Physical Education instructor. Please complete the following release of information for this purpose.

I, _____, hereby consent to the release of my Health Statement, Report of
(please print full name)

Health Evaluation, and insurance coverage from the North Central College, Dyson Wellness Center to the Athletic Training Office, when my name appears on a team roster for athletics **and/or** to the Health and Physical Education instructor in whose class I am enrolled that requires a health evaluation prior to participation.

I understand that these requirements are a pre-requisite to my participation.

Signed _____ Date _____

If the student is under the age of eighteen years, a parent or guardian must sign below.

Parent or Legal Guardian Name _____
(please print full name)

Parent or Legal Guardian Signature _____ Date _____

Consent for Treatment of a Minor

The law requires that parental permission be obtained for treatment of persons under the age of eighteen (18) years. A situation may arise in which emergency treatment or hospitalization is necessary; prompt action may be imperative. Attempt will be made to communicate with a parent or guardian of a minor student when treatment is required. The following consent is to be used when family of a minor student cannot be reached for consent to treat.

I, _____, parent or legal guardian of _____ authorize the
(please print full name) **(please print full name)**

performance upon said minor student of such medical or surgical procedures as may be prescribed by a physician licensed to perform such treatment.

Signature _____ Date _____