

NKU OFFICE OF INTERCOLLEGIATE ATHLETICS AUTHORIZATION TO RENDER MEDICAL TREATMENT

I, _____, hereby grant permission to Northern Kentucky University team physicians and/or consulting physicians to render any treatment or medical or surgical care they deem reasonably necessary to my health and well-being.

I also hereby authorize the Sports Medicine staff at Northern Kentucky University, who are under the direction and guidance of the Northern Kentucky University team physicians, to render any preventative first aid, rehabilitative or emergency treatment they deem reasonable and necessary to my health and well-being, including but not limited to all injuries occurring during practices, games, and travel.

Further, when, in the opinion of the treating medical professional, it is necessary for the execution of such care, I grant permission for hospitalization at an accredited hospital.

Student-Athlete Date

Parent/Guardian Date
(Required if student-athlete is under 18 yrs old)