PLEASE READ THE FOLLOWING CONSENT FORMS CAREFULLY
(If you are under 18 years of age, your parents/guardian **MUST** also sign)

Name _____ D.O.B._____

Medical Consent – Part A

I hereby grant permission to Oberlin College team physicians and/or their consulting physicians to render to me (or to my son or daughter if under 18 years of age) any treatment or medical or surgical care that they deem reasonably necessary to preserve and/or improve my health and well-being (or the health and/or well being of my son or daughter).

I also hereby authorize the athletic trainers at Oberlin College, who are under the direction and guidance of the Oberlin College team physicians, to render to me (or to my son or daughter if under 18 years of age) any preventive, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to preserve and/or improve my health and well-being (or the health and/or well being of my son or daughter).

When necessary for executing such care, I grant permission for my hospitalization at Allen Medical Center or another accredited hospital (or for hospitalization of my son or daughter).

Date: _____

_____
SIGNATURE OF STUDENT ATHLETE

Signature should be that of the student athlete if over 18 years of age. If the student athlete is under 18 years of age, parent/guardian must also sign.

_____
SOCIAL SECURITY NUMBER

_____
SIGNATURE OF PARENT OR GUARDIAN

Authorization For Release of Information – Part B

This is to authorize Oberlin College athletic trainers and team physicians to release medical information about me (or about my son or daughter if under 18 years of age) to my parents, student health and/or team captains, including information concerning illness or injury relative to my past, present or future participation in club sports at Oberlin College (or my son's or daughter's past, present or future participation). I also authorize mutual release of medical information between the sports medicine department and the student health services concerning an injury or illness relative to my participation.

Date: _____

_____
SIGNATURE OF STUDENT ATHLETE

Signature should be that of the student athlete if over 18 years of age. If the student athlete is under 18 years of age, parent/guardian must also sign.

_____
SOCIAL SECURITY NUMBER

_____
SIGNATURE OF PARENT OR GUARDIAN

Name _____

Shared Responsibility for Health and Sports Safety – Part C

Recognition of student and staff rights and responsibilities enhances the partnership between student athletes, captains, athletic trainers and team physicians, and establishes an atmosphere of trust, mutual respect and concern. All Oberlin College student athletes will be treated with respect, dignity and consideration by OCSM staff and healthcare providers. Student athletes have the responsibility to show consideration and respect for other athletes, athletic trainers, team physicians, other healthcare providers and OCSM staff.

All Oberlin student athletes have the responsibility to communicate changes in health status and/or injury conditions to athletic trainers and team physicians. Student athletes have the responsibility to follow instructions given by athletic trainers and team physicians or to discuss any obstacles to complying with the prescribed treatment plan. Student athletes must also accept responsibility for refusing treatment or not following the treatment plan, including accepting responsibility for the impact such actions may have upon their clearance status for practice or competition.

Participation in sports requires an acceptance of risk of injury. Athletes rightfully assume that those who are responsible for the conduct of sport (players and officials), have taken reasonable precautions to minimize such risk. Oberlin College rightfully assumes that an individual athlete will do everything possible to participate safely in his/her sport and to follow the guidelines and rules of the Oberlin College Club Sports handbook. However, guidelines and rules alone cannot insure safety. Sports safety can only be maximized when athletes (individually and collectively) and the captains dedicate themselves to such safety.

I have read the above shared responsibility statement. My signature below demonstrates my willingness to abide by the guidelines and rules of the Oberlin College Club Sports Handbook and the Club Sport Medical Program contained within, and to actively participate with my captains, athletic trainers and team physicians to protect and improve my health and safety. I understand that there are certain inherent risks involved in participating in intercollegiate athletics. I acknowledge the fact that these risks exist and I am willing to assume responsibility for such risks while participating at Oberlin College.

Date: _____

_____
SIGNATURE OF STUDENT ATHLETE

Signature should be that of the student athlete if over 18 years of age. If the student athlete is under 18 years of age, parent/guardian must also sign.

_____
SIGNATURE OF PARENT OR GUARDIAN