



**Andrew College**  
**Medical Consent Form**

Please read each of the following statements carefully and completely. For any athlete under 18, a parent or guardian must also sign the form.

Any section may be revoked at anytime by the athlete (or parent if under 18 years of age) by completing another form available from the athletic trainer at Andrew College.

I hereby grant permission for the athletic training staff at Andrew College to render any medical care deemed reasonably necessary. This includes, but not limited to, preventive care, first aid, modality treatment, rehabilitation, and emergency treatment within the scope of practice of athletic training defined by the State of Georgia.

I also grant permission for the coach or athletic staff to render care, within reason, in the absence of the athletic trainer. This includes decisions to refer to a physician or the emergency medical system.

A photocopy of this consent shall be considered as effective and as valid as the original.

I agree with the above statements and hereby give permission for the above actions.

Print Athletes Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_