

Consent for Treatment

I hereby authorize the Certified Athletic Trainers and sports medicine staff acting on behalf of Madonna University to evaluate and treat any injury/illness that occurs as a result of my participation in intercollegiate athletics at Madonna University. This includes any and all reasonable and necessary preventative care, treatment, and rehabilitation for these injuries/illnesses.

I understand that I must refrain from practice while injured/ill, whether or not receiving medical care. When under medical care I may not return to participation until I have been given permission by the Team Physician, his/her delegate, or Certified Athletic Trainer. This may occur during or at the conclusion of medical treatment. The team physicians of Madonna University have the FINAL authority regarding participation status following injury/illness.

I understand and agree that if I experience an injury/illness or change in my health status it is my responsibility to inform my Head Coach and the Certified Athletic Trainer. I also agree to adhere to the established injury management guidelines including rehabilitation and reassessment before I am released to return to full participation.

This authorization expires one (1) year from the date signed. It may be revoked at any time provided written documentation of the revocation is on file in the athletic training room.

Printed Name

Signature

Date

Parent/Guardian Signature (if student-athlete is under 18 years of age)

Authorization to Disclose Private Health Information

I grant permission to Madonna University’s Certified Athletic Trainers to disclose my Personal Health Information (written and/or verbal), when requested to do so, for the purposes of health care treatment, payment for treatment, or for any other purpose which is permitted or required by law.

Personal Health Information includes, but is not limited to: information involving the nature and treatment of an injury/illness, medical history, insurance coverage and copies of all hospital and medical records. This information will be released ONLY for the purposes of further treatment (referrals to specialists or other health care providers), disclosure of participation status to your team’s coaches for your health and safety, or to obtain payment for bills incurred in the diagnosis or treatment of an athletic injury covered by Madonna’s athletic insurance company.

In order to maintain continuity of care and provide participation status updates to athletic department personnel, I hereby authorize the Certified Athletic Trainers to disclose injuries/illness contained in my student-athlete medical file, including medical conditions(s), treatment and rehabilitation status, and participation restrictions to the following entities:

- a. Team Physicians: Providence Athletic Medicine
- b. Team Orthopedist: Dr. Jeffrey Michaelson, MD - Poretta Center for Orthopedic surgery
- c. Madonna coaching staff for my sport
- d. Neuropsychologist: Michael Czarnota, Ph.D
- e. Madonna University Athletic Director: Bryan Rizzo
- f. Madonna University Sports Information staff
- g. **Parents/Guardians/Spouse: (names)** _____

Initial to decline parent/guardian/spouse authorization: _____

This authorization expires one (1) year from the date signed. It may be revoked at any time provided written documentation of the revocation is on file in the athletic training room.

Printed Name

Signature

Date

Parent/Guardian Signature (if student-athlete is under 18 years of age)

Assumption of Risk

I understand that there are certain inherent risks involved in participating in intercollegiate athletics. Even though Madonna University takes all reasonable precautions to minimize these risks, injury and illness do sometimes occur.

I understand that participation in athletics at Madonna University may result in injury/illness, permanent physical or mental impairment, or even death. These injuries may be minor or career or life-threatening. I understand that Madonna University cannot be held responsible for injuries or conditions caused by the actions of another athlete or my own failure to follow the safety procedures established by my coaching staff, sports medicine staff, or other athletic department staff.

I understand and accept that Madonna University and its sports medicine staff will uphold their responsibility to minimize injury risks associated with athletic participation. I acknowledge that these risks may still exist and I hereby assume responsibility for any and all such risks while participating in intercollegiate athletics at Madonna. Additionally, I agree to the following:

- a. I accept that Madonna University and its personnel are not to be held responsible for any pre-existing medical conditions or any medical conditions I **fail** to disclose on my Health History.
- b. I understand that having passed the pre-participation physical exam does not necessarily mean I am physically qualified to participate in athletics at Madonna University, but only that the evaluator did not find a medical reason to disqualify me at the time of the exam.
- c. I understand that while I am a student-athlete at Madonna University I will be covered under a secondary insurance program provided by the athletic department. Claims on this policy for the remaining balances will be made only after my primary insurance has covered their financial responsibility. Only injuries/illness occurring as the result of an accident during participation in supervised and approved intercollegiate athletic activities are covered by this plan. Failure to follow the appropriate procedures for obtaining treatment and/or submitting bills will result in delay and/or denial of claims.

Printed Name

Signature

Date

Parent/Guardian Signature (if student-athlete is under 18 years of age)