

**ALVIN COMMUNITY COLLEGE ATHLETICS
MEDICAL AUTHORIZATION/INFORMATION FORM**

Student Name _____

The undersigned herewith,

- A. Grants permission to ACC's consulting physician(s) to render said student-athlete any treatment, medical care or surgical care that they deem reasonably necessary to the health and well being of the student-athlete.
- B. Authorizes the athletic department at ACC to render said student-athlete any first-aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well being of the student-athlete.
- C. When necessary for executing such cases, grants permission for hospitalization and communication with physicians, physical therapists and other health care personnel regarding the student's medical history.
- D. Understands and agrees that the cost of services provided by ambulance, private physician, clinic, hospital or dentist shall remain the responsibility of the student athlete and will not be assumed by ACC or any of its officers or employees.

Signature (student-athlete)

Date

Signature (parent/guardian)

Date

ASSUMPTION OF RISK

There are many special benefits from the activities being offered to the students by the intercollegiate athletic program at Alvin Community College. Within the activities it must be understood that there are dangers which may lead to injury to the student-athlete. Therefore, the purpose of this section is to make the student-athlete aware that dangers do exist and that participation is voluntary with the understanding that risks are involved. It is to be further understood that the student-athlete must share in the responsibility for their own safety and the safety of others as each participates in the intercollegiate athletic program.

The student-athlete participation in the intercollegiate athletic program could mildly, moderately, or severely injure anatomy in one or several of the following: muscles, tendons, ligaments, bones, skin, teeth, and any of the vital organs. Catastrophic injuries or death and permanent paralysis may also occur during sports participation. There is not an absolute preventive measure against any of the mentioned potential injury sites. ACC, its officers and employees are not responsible or liable for any such injuries.

ACKNOWLEDGEMENT OF RISK & PERMISSION TO TREAT

By signing below, you have acknowledged that you have read the assumption of risk statement and that you are aware that there is a possibility that you may suffer mild, moderate or severe injury, including paralysis or death due to participation in intercollegiate athletic activities. You also acknowledge any injury incurred may cause life long disability to joints, muscles, ligaments, tendons, or any vital organs. You also acknowledge that ACC, its officers and employees bear no responsibility or liability with respect to any injuries you may suffer. And further, in the case of acute or chronic injury and/or emergency requiring medical attention, you grant permission for any immediate treatment deemed necessary by the attending physician, athletic trainer, or coach and also authorize transfer of yourself/son/daughter to a qualified medical facility.

Before you are approved for participation, you are required to sign and date below acknowledging the above statement.

Signature (student-athlete)

Date

If the student-athlete is under 18, parent or legal guardian must sign below.

Signature (parent/guardian)

Date