

**SPARTANBURG METHODIST COLLEGE
SPORTS MEDICINE
CONSENT FORM**

Part 1 – MEDICAL CONSENT

I hereby grant permission to Spartanburg Methodist College team physicians and/or their consulting physician to render my son/daughter, or myself any treatment or medical or surgical care that they deem reasonably necessary to the health and well being of the athlete.

I also hereby authorize the athletic trainers at Spartanburg Methodist College, to render any preventive, first aid, rehabilitative or emergency treatment my son/daughter, or myself, which the athletic trainers deem reasonably necessary to the health and well being of the athlete.

Also when necessary for executing such case, I grant permission for hospitalization at an accredited if deemed necessary.

Athlete Signature	SS#	Date
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Parent or Guardian Signature, if athlete is under 18

Part II – SHARED RESPONSIBILITY FOR SPORTS SAFETY

Participation in athletics requires acceptance of risk of injury.

Rules and guidelines for each sport are designed to help protect the athlete from injury, but enforcement of the rules by game officials is not a guarantee against injury, nor are printed warnings on equipment or instructions by coaches in proper techniques. These will minimize the risk, but will never completely eliminate the risk of injury.

I recognize that I have the responsibility to wear the required equipment, obey the rules of my sport, train my body to the best of my ability, utilize proper techniques, and avoid activities for which I have not been trained, or which I do not feel qualified to perform. I will report any injuries promptly to the athletic training staff and follow their recommendation for treatment and return to activity following injury.

If you are participating in basketball, wrestling, or soccer, these sports carry a small, but somewhat greater risk of permanent paralysis and even death due to the nature of the sport itself. Even when all reasonable precautions are taken, there is an unavoidable risk of permanent paralysis or death due to spinal cord or brain injury.

I have read and understand the significance of this statement.

Athlete Signature	SS#	Date
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Parent or Guardian Signature if athlete is under 18