

CHRISTOPHER NEWPORT UNIVERSITY
DEPARTMENT OF ATHLETICS
MEDICAL CONSENT FORM

TO STUDENT ATHLETE: Your parent(s) or guardian(s) must sign this form, if you are under 18 years old as of the first day of practice.

Student-athlete may not participate in any athletic sports until this form is completed and returned to the Athletic Department.

NAME OF STUDENT ATHLETE: _____ DOB: _____
SPORT _____

PLEASE PRINT

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above named student-athlete. In the event of serious illness, the need of major surgery, or significant accidental injury, I (we) understand that an attempt will be made by the attending physician (and CNU Athletic Department personnel) to contact me (us) in the most expeditious way possible. If said physician or Athletic Department personnel are unable to communicate with me (us), the treatment necessary in the best interest of the above student-athlete may be given.

This permission shall include both practice and game sessions during varsity participation. Permission is also granted to the Athletic Trainer to provide the needed emergency treatment and injury prevention techniques to the student-athlete as required during varsity participation.

MOTHER'S NAME: _____

SIGNATURE: _____

HOME #: _____ WORK #: _____

CELL # _____

FATHER'S NAME: _____

SIGNATURE: _____

HOME #: _____ WORK #: _____

CELL # _____

GUARDIAN'S NAME: _____

SIGNATURE: _____

HOME #: _____ WORK #: _____

CELL # _____

FAMILY PHYSICIAN: _____

PHONE NUMBER: _____

DATE: _____