MEDICAL CONSENT – Student Athletes under the Age of 18

I give my permission to the Robert Morris University ("RMU") team physicians and/or consulting physicians as well as the RMU sports medicine staff to render any treatment that may be necessary to the health and well-being of my son or daughter. By authorizing the RMU sports medicine staff to render the necessary medical services, I understand that this may include treatment such as medical or surgical care that may need to be provided by the attending team physician or consulting physician. Also by permitting necessary treatment for my son or daughter, I realize that I am authorizing the sports medicine staff to render any treatment that may fall under the heading of preventive first aid, rehabilitation, and emergency treatment. During these instances the RMU athletic trainer will be working under the supervision of RMU team physicians and/or consulting physicians. I also realize that by giving my consent for the proper care of my son or daughter I am giving my permission for hospitalization, when necessary.

You do have the right to refuse to sign this Medical Consent. If you do not wish to sign the MEDICAL CONSENT section of this form, please print in the SIGNATURE space "REFUSE TO SIGN" and the date of refusal. Otherwise, please sign and date this section.

Student-Athlete: ____________________________ Date: ________________

Parent/Guardian: ____________________________ Date: ________________