

DELAWARE VALLEY COLLEGE

Medical Authorization Form

I/We hereby grant permission to Delaware Valley College and their physicians to render first aid treatment and medical or surgical care deemed reasonably necessary.

I/We further authorize the Athletic Trainers at Delaware Valley College, who are under the direction and guidance of Gregory Gallant M.D., to render any first aid or preventative, rehabilitative, or emergency treatment deemed reasonably necessary.

I/We additionally grant permission for hospitalization, treatment or surgery at a competent and/or accredited facility when necessary for the protection, health, and well being of

Signature of Parent/Guardian: _____ Date: _____

Signature of Student Athlete : _____ Date: _____

Release of Information Authorization

I/We hereby authorize Delaware Valley College athletics administration, certified athletic trainers, physicians affiliated with DVC, and coaches to release medical information to my parents, insurance carriers, and NCAA research directors any illness or injury information relative to my past, present, or future participation in athletics and Delaware Valley College.

I/We hereby authorize Delaware Valley College Health Center Staff to release a copy of my Medical History and Physical Examination form to DVC certified athletic trainers. I/We acknowledge that it is my responsibility to report any change in my health status to the certified athletic training staff throughout the entire academic school year. I/We also authorize any medical facility, physicians, or medical personnel who has attended to me to disclose when requested by DVC, and all information regarding my illness or injury, medical history, consultation, diagnostic tests, treatment, recommendation, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered valid and effective as the original.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student Athlete : _____ Date: _____

Consent and Release Form

We, as students of DELAWARE VALLEY COLLEGE and parents of students are aware that accidental injury may occur to a student athlete participating in a college sports program. This falls within the legal "Assumption of Risk Doctrine". We know that the possibility of accidental injury could occur during sport participation and still view that the benefits of such programs outweigh the injury risk.

Accordingly, we confirm our support of the sports program and, as a participant and parents of a participant, we hereby release the College, its employees and related personnel, of and from all claims whatever the nature of injury sustained by the student athlete during sport participation. In conjunction with treatment of accidental sport related injuries, we authorize, whenever determined by College personnel, to secure medical services for the injured student athlete. We authorize any attending physician to release confidential information concerning athletic related injuries to the medical staff of the College.

Signature of Parent/Guardian: _____ Date _____

Signature of Student Athlete: _____ Date _____