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|  | THE UNIVERSITY OF WEST ALABAMA | REVISED 07/15/18 |
| Student-Athlete Medical Authorization and Releases | |

### I. Authorization for Medical Information to be Released to The University of West Alabama

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| **TO ALL UNIVERSITIES, COLLEGES, STUDENT HEALTH SERVICES, ATHLETIC TRAINERS, PHYSICIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITARIUMS, AND ALL OTHER AGENCIES:** |
| You are hereby authorized and requested to send to The University of West Alabama Athletic Training & Sports Medicine Center a complete copy of all records pertaining to my medical condition, including all physicals, physician’s records, athletic trainer’s records, diagnoses, treatments, history and prognoses, of any and all injuries; and receive from you any and all other information pertaining to my past or present medical conditions, diagnoses, treatments, history and prognoses from your personal knowledge and/or records. A copy of this authorization shall be considered as effective and valid as the original. |
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| **(PLEASE PRINT)** (First) (Middle) (Last) ATHLETE’S SIGNATURE |
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| DATE WITNESS SIGNATURE |

### II. Authorization for The University of West Alabama to Release Medical Information

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| **TO THE UNIVERSITY OF WEST ALABAMA** |
| I realize and understand that as a college athlete, any information relating to my past, present, or future medical condition may have a bearing on my being offered employment, the opportunity for employment, or the type of offer or opportunity for employment from professional sports clubs, teams, or organizations. I hereby authorize the UWA Director of Athletic Training & Sports Medicine, Head Athletic Trainer, Athletic Trainers, Team Physicians, and Physical Therapists to release any and all of my medical records including copies of all physical examinations, physicians’ records, athletic trainers’ records, diagnoses, treatments, history and prognoses of any and all injuries I have or may have in the future incurred together with all other information pertaining to my medical conditions, diagnoses, treatments, history, and prognoses from their personal knowledge and/or records. This authorization shall be effective and valid until I revoke such authorization at a later date with my signature. |
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| DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATHLETE’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| WITNESS SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### III. Authorization for The University of West Alabama to Provide Emergency Care

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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby grant the UWA Director of Athletic Training &  **(PLEASE PRINT)** (First) (Middle) (Last)  Sports Medicine, Head Athletic Trainer, Athletic Trainers, Team Physicians, and Physical Therapists, Technicians, and Consultants of to render me any emergency, medical, surgical, or other care that might be deemed necessary to insure proper care of any injury/illness, and to maintain my health and well being. In the absence of the UWA Team or Authorized physician, I grant permission to a qualified physician to furnish emergency care using the guidelines above. Also, when necessary for executing such care, permission for hospitalization at an accredited hospital is granted. |
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| DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATHLETE’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| WITNESS SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### IV. Acknowledgment of Personal Responsibility to Provide Notification of Injury/Illness

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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that it is my responsibility to notify The  **(PLEASE PRINT)** (First) (Middle) (Last)  University of West Alabama Athletic Training & Sports Medicine Center staff in writing of any and all injuries/illnesses, athletic or otherwise, suspected injuries/illnesses, and any and all pre-existing conditions that may result in further injury/illness to myself, teammates, opponents, or athletic/sports medicine staff. |
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| DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATHLETE’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| WITNESS SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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### V. Acknowledgment of Shared Responsibility for Sports Safety

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| **SHARED RESPONSIBILITY FOR SPORTS SAFETY** |
| Participation in sports requires an acceptance of risk of injury. Athletes rightfully assume that those who are responsible for the conduct of sports have taken reasonable precaution to minimize such risk and that their peers participating in the sport will not intentionally inflict injury upon them.  Periodic analysis of injury patterns leads to refinements in the rules and other safety decisions. I realize that despite improvement in equipment standards, and how well rules are refined by athletic governing bodies, or enforced by officials, risks still exist that require my compliance and cooperation with any and all safety guidelines in order to minimize injury to myself, as well as other participants. “Compliance” means respect and cooperation on everyone’s part for the intent and purpose of a rule or guideline.  I have read the above shared responsibility statement. I understand that there are certain inherent risks involved in participating in intercollegiate athletics. I acknowledge the fact that these risks exist and I am willing to assume responsibility for such risks while participating in athletics at The University of West Alabama. |
| DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| The undersigned, herewith, |
| 1. Understands that he/she must refrain from practice or play during medical treatment until he/she is discharged from treatment or given a written permit by the attending physician to resume participation. |
| 1. Understands that his/her having passed the physical examination does not necessarily mean that he/she is physically qualified to engage in athletics; but only that the examiner did not find a medical reason to disqualify him/her. |
| 1. Fully realizes that The University of West Alabama cannot be held responsible for any previous medical condition(s) that he/she might have or any medical expense incurred due to any identified pre-existing medical condition and not directly attributable to any athletic participation at The University of West Alabama. 2. Understands that the athletic medical insurance at The University of West Alabama is secondary coverage, which will cover the remaining balance on an athletic related injury only. |
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| **(PLEASE PRINT)** (First) (Middle) (Last) ATHLETE’S SIGNATURE |
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| DATE WITNESS SIGNATURE |

### VI. Acceptance of Risk Statement

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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand the chance of sustaining a catastrophic  **(PLEASE PRINT)** (First) (Middle) (Last)  sports injury is extremely remote, yet understand that serious injuries can and do occur to anyone. Participation in your sport could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being. |
| DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATHLETE’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| WITNESS SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |