

**UNIVERSITY OF NOTRE DAME  
ATHLETIC TRAINING DEPARTMENT  
POLICY AND PROCEDURE**

The following documentation is to be read carefully. If you are under 18 years of age, your parent or guardian must sign.

If you elect not to sign any portion of these documents, please write "Refuse to Sign", then date and initial in the space provided for signature.

**MEDICAL CONSENT**

I hereby grant permission to the University of Notre Dame Athletic Training Staff and Team Physicians/Consultant to render to my son/daughter, or myself, any treatment or medical care deemed reasonably necessary. This includes preventive care, first aid, rehabilitation and emergency treatment. Also if deemed necessary, I grant permission for hospitalization.

\_\_\_\_\_  
STUDENT ATHLETE, PRINT NAME                      DATE

\_\_\_\_\_  
STUDENT ATHLETE, SIGNATURE                      DATE

\_\_\_\_\_  
PARENT/GUARDIAN, PRINT NAME                      DATE  
( If under 18 Years of Age)

\_\_\_\_\_  
PARENT/GUARDIAN, SIGNATURE                      DATE  
( If under 18 Years of Age)

**AUTHORIZATION FOR RELEASE OF INJURY OR ILLNESS INFORMATION TO MEDIA**

I authorize the University's Athletic Training Staff, Team Physicians and Coaches to release information about my (or my son's/daughter's) medical condition, and any injury or illness I may experience, as such relates to my past, present or future participation in University athletics, to the University's Sports Information Department and other public media.

\_\_\_\_\_  
STUDENT ATHLETE, PRINT NAME                      DATE

\_\_\_\_\_  
STUDENT ATHLETE, SIGNATURE                      DATE

\_\_\_\_\_  
PARENT/GUARDIAN, PRINT NAME                      DATE  
( If under 18 Years of Age)

\_\_\_\_\_  
PARENT/GUARDIAN, SIGNATURE                      DATE  
( If under 18 Years of Age)

**SHARED RESPONSIBILITY FOR SPORTS SAFETY**

I realize that participation in athletics entails a risk of injury, and that I share responsibility for minimizing the risk of injury to others and myself. I must promptly report any injury I have suffered to my athletic trainers. I must give the athletic trainers and coaches a full, honest understanding of my physical condition. I must advise my athletic trainers of any medications that I am taking.

I understand that I must report any problems in the condition or usefulness of equipment that I use. Finally I know that it is important for me to listen to coaches' instructions. I must try, as best I can, to abide by instructions, and guidelines relating to safety, and to avoiding injuries and accidents in my athletic activity.

I have read the above shared responsibility statement. I understand that there is certain inherent risk involved in participating in athletics at University of Notre Dame.

\_\_\_\_\_  
STUDENT ATHLETE, PRINT NAME                      DATE

\_\_\_\_\_  
STUDENT ATHLETE, SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN, PRINT NAME                      DATE  
(If under 18 Years of Age)

\_\_\_\_\_  
PARENT/GUARDIAN, SIGNATURE  
(If under 18 Years of Age)