College of the Siskiyous
Athletic Department
Phone: (530) 938-5368
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Pre-Season Medical Consent Form

The Athletic Training Staff at College of the Siskiyous is directly in charge of injury prevention and all health care provisions for the intercollegiate athlete. It is important for you to know that injuries do occur in all sport capacities, including football, volleyball, basketball, soft/baseball and track and field, and that some of these injuries can be catastrophic. Catastrophic means PERMANENT! Injuries such as total paralysis, partial paralysis, long lasting mental impairment, and even death. It is possible for this to happen to you and it is important for you to fully understand this before participating in the sport.

There have been many improvements made in protective equipment to reduce injuries in the game of football. Helmets, padding, and clothing are all examples of these equipment advancements. Over the years there have also been many rule changes, changes in coaching techniques and advances in sports medicine all for the purpose of decreasing injuries.

It is your responsibility to be open and honest with the sports medicine team here at College of the Siskiyous regarding your mental and physical conditions and symptoms during the evaluation process. You need to understand that our evaluations rely on good and accurate information from you. To not be open and honest may put you at an increased risk of certain serious or catastrophic injuries.

This consent gives the Sports Medicine Staff the right to provide all appropriate medical care for all sports related injuries that occur at College of the Siskiyous. These injuries will require evaluation, treatment, rehabilitation and possible referral to specialized medical professionals. This also authorizes the Athletic Training Staff to perform any appropriate emergency procedures.

This authorization will remain in force and active for the duration of the athletes’ athletic eligibility and academic matriculation at the College of the Siskiyous or until revoked in writing by the athlete, or legal guardian if under 18. A copy of this authorization shall be considered as effective and valid as the original.

I, __________________________ hereby consent to receive appropriate medical care for all injuries while an intercollegiate athlete at College of the Siskiyous. I understand that health status decisions will be made in the best interest of my health and well-being.

Athlete Signature ________________________________ Date ________________________________

Parent Signature (if under 18) ________________________________ Sport ________________________________