

# Johnston Community College

## Medical Consent Authorization

I hereby grant permission to Johnston Community College Athletic Staff and Team Physicians/Consultants to render myself, or my son/daughter, any treatment or medical care deemed reasonably necessary. This includes preventative care, first aid, and emergency treatment. Also, if deemed necessary, I grant permission for hospitalization.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if under 18 years of age) \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Use or Disclose Protected Health Information

I hereby authorize Johnston Community College Athletic Department and their representatives to release my protected health information for the purpose of treatment.

If I wish to revoke this authorization, I must do so in writing and have such authorization on file with the Johnston Community College Athletic Director.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if under 18 years of age) \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*\*ALL FORMS MUST BE FILLED OUT COMPLETELY PRIOR TO PARTICIPATION\*\***