



# NEBRASKA WESLEYAN UNIVERSITY MEDICAL CONSENT FORMS



**PLEASE READ THE FOLLOWING CONSENT FORMS CAREFULLY:**  
(If you are under 19 years of age, your parents must also sign.)

## MEDICAL CONSENT - Part I

I acknowledge receipt of, have read, and do understand Nebraska Wesleyan University's Notice of Privacy Practices. I understand that this is required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I also understand that this notice describes how health information about me may be used and disclosed, and how I can get access to my individually identifiable information.

\_\_\_\_\_  
ATHLETE'S SIGNATURE

(If you are under 19 years of age, your parents must also sign.)

I hereby grant permission on behalf of my minor son or daughter or my ward.

\_\_\_\_\_  
PARENT OR GUARDIAN

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## MEDICAL CONSENT - Part II

I hereby grant permission to the Nebraska Wesleyan University ("NWU") team and school physicians, or other physicians designated by NWU, to provide me with any medical care or surgical care that they deem reasonably necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during NWU athletic activities.

I further authorize the athletic trainers at NWU who are under the direction and guidance of the NWU team and school physicians to provide me with any preventive, first-aid, rehabilitative or emergency treatment they deem reasonably necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during NWU athletic activities.

If reasonably necessary to provide the care described in the preceding two paragraphs, I grant permission to NWU officials to hospitalization at an accredited hospital.

\_\_\_\_\_  
ATHLETE'S SIGNATURE

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\_\_\_\_\_  
PARENT OR GUARDIAN

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## AUTHORIZATION FOR RELEASE OF INFORMATION- Part III

A. I hereby authorize Nebraska Wesleyan University Athletic Administration, athletic trainers, team physicians and coaches to release medical information to the Nebraska Wesleyan University Sports Information Department, various media outlets and insurance carriers any information concerning illness or injury relative to my past, present or future participation in athletics at Nebraska Wesleyan University.

B. I hereby authorize any medical facility, physician, or medical personnel who has attended me to disclose when requested by NWU, any and all information regarding my illness or injury, medical history, consultation, diagnostic tests, treatment, recommendation and copies of all hospital or medical records.

A photo static copy of this authorization shall be considered valid and effective as the original.

\_\_\_\_\_  
ATHLETE'S SIGNATURE

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\_\_\_\_\_  
PARENT OR GUARDIAN

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## SHARED RESPONSIBILITY FOR SPORTS SAFETY-Part IV

The responsibility for sport safety must be shared by all. Included in this group should be administrators, coaches, physicians, athletic trainers and student-athletes as well. I, the undersigned, am aware that there is a certain risk of injury involved in my participation in Intercollegiate Athletics at Nebraska Wesleyan University. I understand that my signature does not relieve the University of responsibilities to me. This document is intended to make me aware of my responsibility in preventing potential injuries, complying with the treatment plan of the NWU athletic medical staff, and that there is risk of injury. I understand that this includes the risk of spinal cord and brain injury that may result in paralysis and the possibility of other permanent injury or death.

I have read the above shared responsibility statement. I acknowledge the fact that these risks exist and I am willing to assume responsibility for such risks while participating at Nebraska Wesleyan University.

\_\_\_\_\_  
ATHLETE'S SIGNATURE

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\_\_\_\_\_  
PARENT OR GUARDIAN