

**LORAIN COUNTY COMMUNITY COLLEGE  
SPORTS PROGRAM  
MEDICAL RELEASE AND AUTHORIZATION**

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**PLEASE READ THE FOLLOWING CONSENT FORM CAREFULLY!!**

(If you are under 18 years of age, your parents must also sign)

The basic content of each is:

A. Medical Consent: Allow college athletic trainers and physicians to treat any injury you receive while at LCCC.

**MEDICAL CONSENT**

I hereby grant permission to the physicians and/or their consulting physicians to render to my son or daughter or myself any treatment or medical or surgical care that they deem reasonably necessary to the health and well-being of the athlete.

I also hereby authorize the athletic trainer at LCCC to render to my son or daughter or myself any preventive first aid, rehabilitative or emergency treatment that they deem reasonable and necessary to the health and well-being of the athlete. This includes practices, games and travel.

Also, when necessary for executing such care, I grant permission for hospitalization to an accredited hospital.

\_\_\_\_\_  
Name of Student (printed)

\_\_\_\_\_  
Student-Athlete (Signature)

\_\_\_\_\_  
Student No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (if under 18)

\_\_\_\_\_  
Date