



OLIVET NAZARENE UNIVERSITY

Consent to Treat Form

Athlete Name: _____

Sport: _____

Athlete DOB: _____

I, _____, grant the certified athletic training and associated medical staff to medically treat me in case of injury or illness. I allow necessary examination and medical treatment by the certified athletic trainer and accompanied medical staff of Olivet Nazarene University. Medical treatment includes, but is not limited to; initial evaluations, assessment evaluations, taping and bracing, stretching, cryotherapy, thermotherapy, and rehabilitation exercises. I am also aware that I am giving consent, if needed, for athletic trainer to call an ambulance if the injury sustained requires the need for transport to a local emergency room.

Student Athlete signature: _____

Date: _____