University of North Florida Sports Medicine
Emergency Medical Treatment Authorization

Student-Athlete over 18years old:

I, _____, do hereby authorize the Athletic Training Staff and/or Coaching Staff of the University of North Florida Athletic Department to secure any and all emergency medical treatment for myself in the event that I am incapacitated.

I further authorize any hospital or dispensary, and attending physician, and/or medical personnel to render any and all emergency medical care which may be deemed necessary.

It is understood that in any event, an attempt will be made to contact my emergency contact before treatment is initiated.

Student-Athlete under 18 years old:

I, the undersigned parent of legal guardian of _____ do hereby authorize the Athletic Training Staff and/or Coaching Staff of the University of North Florida to secure any and all emergency medical treatment for my student-athlete in the event that I cannot be contacted.

Verification

I, _____, of lawful age and being first duly sworn on his/her oath states as follows:

I have read the above and foregoing Emergency Medical Treatment Authorization and understand the statements therein, that I authorize the University of North Florida Staff to secure any and all emergency medical treatment and that I authorize any hospital and/or attending medical personnel to render emergency medical treatment for my son/daughter or for myself.

_____
Student-Athlete Signature (if 18 or over)

_____
Parent or Guardian Signature (if student-athlete is under 18)

Date: _____/_____/_____