

West Valley College

Medical Consent Form

The Sports Medicine staff at West Valley College is directly in charge of injury prevention, and all health care provisions for the intercollegiate student-athlete. The Certified Athletic Trainers and sports medicine staff work directly under the supervision of the team physician, John T. Kao, M.D. The Certified Athletic Trainer is most directly responsible for all phases of health care in the athletic environment.

This consent gives the sports medicine staff the right to provide all appropriate medical care for all sports related injuries that occur at West Valley College. These injuries will require evaluation, treatment, rehabilitation, and possible referral to specialized medical professionals. This authorizes the medical staff to perform any appropriate emergency procedures.

All medical information is confidential under the HIPAA law and will be used by authorized medical staff and trustees of that system. Medical information will be used to determine performance status for the student-athlete's health and safety.

This authorization will remain in force and active for the duration of the student's athletic eligibility and academic matriculation at West Valley College, or until revoked in writing by the student-athlete. A copy of this authorization shall be considered as effective and valid as the original.

I, _____ hereby consent to receive appropriate medical care for all injuries while an intercollegiate athlete at West Valley College. I understand that health status decisions will be made in the best interest of my health and well being.

Athlete's Signature

Date

Parent Signature (if under 18)

Sport/s