



MEDICAL CONSENT WAIVER

I hereby grant permission to the Southwestern Oklahoma State University team 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 care and well being of the student-athlete.

I also hereby authorize the athletic trainers at Southwestern Oklahoma State University who are under the direction and guidance of the Southwestern Oklahoma State University team physicians, to render to my son or daughter or myself, any preventative, first aid, or emergency treatment that they deem reasonably necessary to the health and well being of the student-athlete.

Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

Student-Athlete Signature

Date

Parent/Guardian Signature (*if under 18 years of age*)

Date