



Cardinal Athletics

CONSENT FOR EVALUATION/TREATMENT/CARE

I have read the proceeding material regarding rights and responsibilities of the student athlete as it relates to the athletic training office at Wheeling Jesuit University. I understand its provisions, and agree to receive services under the above conditions and I consent to evaluation/treatment/care, as determined to be necessary by the team physician, athletic trainers and other health professionals working in conjunction with the athletic training department. Secondary health providers/professionals may include the following: MedExpress, Dr. Marra, Dr. Eddy, The Health Center at WJU, Wheeling Hospital and any other Health professional involved in the services needed for the student athlete.

CONSENT FOR USE AND RELEASE OF INFORMATION

Your medical records on file at the athletic training department are treated as confidential records and will only be released pursuant to your authorization or as otherwise permitted or required by law.

I give permission to Wheeling Jesuit University Athletic Trainers to release any information about me, my health, the health services provided to me, or payment for my health services which may be necessary:

1. For my treatment – to any physician, or other health care providers or facilities which need the information for my continued care; I further authorize the Wheeling Jesuit Department of Athletics, the Athletic Training Staff and students, University Health Services, and consulting physicians to hospitalize and secure treatment for me for any athletic injuries.
2. For payment purposes – to determine whether I am eligible for insurance coverage and if this treatment/care is authorized for payment by my insurance. This information may also be used to process an insurance claim, for billing and for collection purposes.
3. For the health care operations of the Sports Medicine Office – to operate its business more efficiently, and to assess and improve the quality of its health care.

Date _____

Student Athlete Name (please print) _____

Sport _____

Date of Birth _____ **Age** _____ **Student ID:** _____

Signature of Student-Athlete _____

Signature of Parent/Guardian if considered a minor _____