

Form D
2011-12

Name _____
Student ID # _____
Sport _____

The University of Texas at Tyler
Consent To Treat

CONSENT TO TREAT

I hereby grant permission to the University of Texas at Tyler team physicians and/or their consulting physicians to provide (my son), (my daughter), (me) with any treatment or medical or surgical care that they deem reasonably necessary to the health and well being of the athlete. I also, hereby, authorize the athletic trainers at the University of Texas at Tyler, who are under the direction and guidance of the University of Texas at Tyler team physicians, to provide (my son), (my daughter), (me) with any preventive, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well being of the athlete. Also, when necessary for providing such care, I grant permission for hospitalization at an accredited hospital. Furthermore, to the greatest extent allowed by law, I agree to release UT Tyler, UT Tyler's team physicians, its consulting physicians and athletic trainers from any and all claims arising from or related to the treatment or health care provided to the athlete.

Athlete's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

(Required if athlete is under 18 years of age)

****These authorizations may be withdrawn at any time by a written, dated request of the signee.****

Eligibility Year (Fr/So/Jr/Sr): _____