

TCU Athletic Training / Sports Medicine

Medical Permit to Treat Form

Permission is hereby granted to the health care professional to proceed with any needed medical care, minor surgery, x-ray examinations, immunization, or other specified tasks for the student-athlete listed below.

I understand that every attempt will be made by the health care team to contact me.

However, if they are unable to do so, they will proceed in a careful and judicious manner with the student-athletes best interest in mind.

I also understand that my or my family's health insurance may be used to help defray expenses incurred in the case of an injury (note that health insurance does not increase with use).

As a parent or legal guardian of the below mentioned Student-Athlete, I agree to and approve the terms of this Medical Permit to Form and consent to the Student-Athletes participation in their specific sport and warrant that I have full authority to do so on behalf of myself, the Student-Athlete and the Student-Athletes heirs, personal representatives and assigns. I understand and assume the risks of the Student-Athletes participation in their specific sport.

****IMPORTANT NOTE****

In case #31, page 205 of the NCAA Handbook it states, "If the injury or illness is not the result of intercollegiate competition or practices, the resultant expenses could not be considered benefits incidental to a student's participation in intercollegiate athletics."

****INTERPRETATION****

Any injury or illness that is not directly related to athletics is the student-athletes responsibility and the university is NOT allowed to pay for the expenses.

If a student-athlete, their parents, or legal guardian choose to use their own physicians, medical facilities, or diagnostic facilities outside the established network of the TCU Sports Medicine Advisory Team for any and all private exams, diagnostic evaluations, surgery, or rehabilitation that is prescribed by their chosen physician these charges are the responsibility of the student-athlete.

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Parent / Guardian Signature: _____

Student-Athletes

Signature: _____