



Medical Consent for student athletes under 18 years of age.

I hereby grant permission to Mercer County Community College team physicians and/or their consulting physicians to render to my son or daughter (if under 18 years of age) any treatment or medical or surgical care that they deem reasonably necessary to preserve and/or improve the health and/or well being of my son or daughter.

I also hereby authorize the athletic trainer at Mercer county Community College, who are under the direction and guidance of the Mercer County Community College team physicians, to render to my son or daughter (if under 18 years of age) any preventive, first -aid, rehabilitation or emergency treatment that they deem reasonably necessary to preserve and/or improve the health and/or well being of my son or daughter.

When necessary for executing such care, I grant permission for the hospitalization at an accredited hospital for my son or daughter.

Date: _____

Printed name of student athlete_____

Signature of Parent or Guardian_____