

Oneonta State Athletic Training  
Consent for Necessary Medical Treatment Form

Student-Athlete Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Student –Athlete Date of Birth: \_\_\_/\_\_\_/\_\_\_/

Coach: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

In order that my son/daughter \_\_\_\_\_ may receive any necessary medical treatment in the event of an emergency illness or injury during participation in intercollegiate athletics, practice, or contest for the State University of New York, I hereby authorize any school official to consent to and obtain necessary medical treatment, hospital care or transport for such illnesses or injury, and I hereby release, discharge, inderformity and agree to hold the State of New York and the State University of New York, its trustees, employees, agents, coaches, and volunteers harmless in the exercise of it's/their authority. I further acknowledge that neither SUNY nor any of the above named persons have any obligation to seek such treatment. I further agree that I will be responsible for any costs associated with any such treatment.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_