
Grand Canyon University

Intercollegiate Athletics
Athletic Training Room Office
Phoenix, AZ 85017
(602) 639-6038

2007-08 STUDENT-ATHLETE CONSENT TO TREAT AND TRANSPORT

Permission is granted to the Director of Health Services, Athletic Trainer or Coaching Staff member from Grand Canyon University to proceed with needed medical and minor surgical treatment, ambulance notification, x-ray and immunization for the student-athlete named below. The signature of the student-athlete consents that needed emergency treatment may be given as necessary for the best interest of the student-athlete. In the event that emergency treatment should be necessary, a photostatic copy of this permission will be furnished by the physician in charge.

For students under the age of 18

In the event of serious illness, need for major surgery, or accidental injury, I understand that an attempt will be made by the appropriate University staff member or physician in charge to contact a parent and/or guardian. If unable to contact the parent and /or guardian, needed emergency treatment may be given as necessary for the best interest of the student-athlete. In the event that emergency treatment should be necessary, a photostatic copy of this permission will be furnished by the physician in charge.

Parent/Guardian (print name)

Date Signed

Parent/Guardian Signature

Student-Athlete (print name)

Date Signed

Student-Athlete (signature)