Medical Consent Form

The athletics medicine staff at El Camino College Compton Community Educational Center is directly in charge of injury prevention and all health care provisions for the intercollegiate athlete. Under the supervision of Bradley Thomas M.D., team orthopedic surgeon, the athletic medicine staff and the certified athletic trainers’ are most directly responsible for all phases of health care in the athletic environment.

This consent gives the athletic medicine staff the right to provide all appropriate medical care for all sports related injuries that occur at El Camino College Compton Community Educational Center. These injuries will require evaluation, treatment, rehabilitation, and possible referral to specialized medical professionals. This also authorizes the medical staff to perform any appropriate emergency procedures.

This authorization will remain in force and active for the duration of athletes’ athletic eligibility and academic matriculation at El Camino College Compton Community Educational Center or until revoked in writing by athlete, or legal guardian if under 18. A copy of this authorization shall be considered as effective and valid as the original.

I, ____________________________ hereby consent to receiver appropriate medical care
(Please Print Full Name)
for all injuries while an intercollegiate athlete at El Camino College Compton Community Educational Center. I understand the health status decisions will be made in the best interest of my health and well-being.

X __________________________________ Date ____________________
Athlete Signature

X __________________________________
Parent Signature (if under 18)

X ________________________
Sport