

FOOTHILL-DEANZA COMMUNITY COLLEGE DISTRICT
INSURANCE INFORMATION, CONSENT & RELEASE FORM

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Each Student-Athlete must read, complete, sign and submit this form to the Athletic Trainer. This Form must be received by the Athletic Training Department prior to participation in any intercollegiate sport activities.

Consent to Treatment

In the event of injury, which occurs during participation in or practice of athletic events or while being transported to or from the site of the contest, I voluntarily authorize the rendering of such care, including diagnostic, testing, medical treatment and admission to any medical facility designated and authorized by Foothill-DeAnza Community College District's Athletic Training Department, approved Medical Staff or their designees. I acknowledge that no guarantees have been made as to the effect of such examination or treatment on my condition or the condition of the person for whom I am duly authorized to sign. I understand that I have the right to make decisions concerning my health care or the health care of the person for whom I am