Policy Acknowledgment

Please initial each section and sign below. By doing so, you acknowledge that you have read and understand the following:

_____ Medical Policies and Procedures

_____ Consent to Treat

_____ Drug Testing Consent

_____ Jewelry Policy

***Both the Student-Athlete and his/her parent/guardian must sign if Student-Athlete is 17 years of age or younger.

I also acknowledge that I understand and accept the responsibility for reporting all injuries and illnesses to the institutional medical staff, including any signs and symptoms of concussion. I also acknowledge that I have read and understand the information provided about sickle cell testing and NCAA banned drug/medical exceptions.

Name of Student-Athlete ___________________________ Date __________

Signature of Student-Athlete ___________________________ Date __________

Name of Parent or Legal Guardian ________________________________

Signature of Parent or Legal Guardian ___________________________ Date __________