

University of South Carolina

Student-Athlete Consent Forms

Read the following three (3) consent forms carefully. If you have questions about any of the consent forms, have them answered before signing. If you are under 18 years of age, your parents must also sign.

The basic content and purpose of each consent form is as follows:

- I. **Medical Consent:** Allows the University of South Carolina team physicians and athletic trainers to treat any injury you receive while at the University of South Carolina.
- II. **Authorization for Release of Information:** Allows medical staff to provide limited medical information to the Department of Athletics and associated agencies as listed below.
- III. **Shared Responsibility for Sport Safety:** Acknowledges that there are certain inherent risks involved in participating in intercollegiate athletics and that you are willing to assume responsibility for such risks.

PART I – MEDICAL CONSENT

I hereby grant permission to the University of South Carolina team physicians and/or their consulting physicians to render any treatment and medical or surgical care to me that they deem reasonably necessary for my health and well-being. I also hereby authorize the University of South Carolina athletic trainers who are under the direction and guidance of the University of South Carolina athletic team physicians to render any preventative, first aid, and rehabilitative or emergency treatment to me that they deem reasonably necessary for my health and well-being. Also, when necessary for executing such medical care, I grant permission to be hospitalized at any accredited hospital.

I understand that this consent expires automatically 380 days from the date of my signature below. I further understand that I have the right to revoke my consent at any time by sending written notification to the USC Athletics Department (send to John Kasik, Associate Athletic Director/Sports Medicine); however, I understand that a revocation is not effective as to any medical treatment rendered to me prior to the effective date of my revocation.

Name of Athlete: _____ SSN/StudentID: _____

Signature of Athlete: _____ Date: ____/____/____

If athlete is under 18 years of age, signature of parent or guardian on behalf of the athlete is required.

Parent or Guardian: _____ Date ____/____/____

PART II – AUTHORIZATION FOR RELEASE OF INFORMATION

The privacy of your medical information is protected by law. Except under certain circumstances, your medical information will not be disclosed without your consent. USC medical staff is committed to maintaining the privacy of your medical information. By signing this Authorization, you agree to allow USC medical staff, including team physicians, consulting physicians and athletic trainers, to disclose your medical information as follows:

- USC medical staff will share pertinent information about your medical condition with any outside provider (e.g., medical equipment vendors, medical specialists, surgeons, pharmacies, etc.) whose assistance is necessary for your continuing treatment. For example, if you are injured and require a brace, pertinent medical information will be shared with the brace fitter so that you may be properly fitted.
- USC medical staff will provide appropriate information about your medical condition to your insurance company and prescription drug benefits manager, to Department of Athletics insurance carriers and prescription drug benefit managers, and to appropriate Department of Athletics personnel who assist with filing insurance information, for payment to USC medical staff for the treatment provided to you. This type of sharing of medical information is common to most health care providers and may be a condition of treatment.
- USC medical staff will share pertinent information about your medical condition with other medical staff members and individuals who need to be informed of your condition for legitimate reasons such as continuing treatment or determining whether you are able to practice, play or attend class.

- USC medical staff will share information about your medical condition with your coach(s) and appropriate Department of Athletics officials in order to make informed decisions about your return to practice, competition or class.

- USC medical staff will share pertinent information about your medical condition with appropriate Department of Athletics personnel for required disclosure to external governing bodies, such as the NCAA or the SEC.
- USC medical staff will disclose general status information about your medical condition to appropriate Department of Athletics Media Relations personnel. For example, if you are injured during a game, USC medical staff will communicate general information about your injury and status to Media Relations. Media Relations, in turn, will disclose your general status information to various media outlets (e.g., newspapers, magazines, television, etc.). USC medical staff and/or coaching staff will not release specific information about your medical condition (e.g., details of injury, results of diagnostic testing, operations, rehabilitation plan and/or timing of return to play) without your prior approval.
- USC medical staff will not share your medical information with professional agents, professional athletic teams or leagues, attorneys, or unrelated third parties without your independently-provided written consent, separate from this document, unless required to do so by state or federal laws or regulations.

I understand that my medical information will be disclosed by USC medical staff to the individuals and entities described above, and I hereby consent to and authorize such disclosure of my medical information.

I understand that this consent expires automatically 380 days from the date of my signature below. I further understand that I have the right to revoke my consent at any time by sending written notification to the USC Athletics Department (send to John Kasik, Associate Athletic Director/Sports Medicine); however, I understand that a revocation is not effective as to any action or disclosure of information that occurs prior to the effective date of my revocation.

Name of Athlete: _____ SSN/Student ID: _____

Signature of Athlete: _____ Date: ____/____/____

If athlete is under 18 years of age, signature of parent or guardian on behalf of the athlete is required.

Parent or Guardian: _____ Date: ____/____/____

PART III – SHARED RESPONSIBILITY FOR SPORTS SAFETY

Participation in intercollegiate athletics involves a risk of injury. Student-athletes have a right to assume that those who are responsible for the conduct of intercollegiate competition have taken reasonable precautions to minimize such risks and that their peers participating in the sport will not intentionally inflict injury upon them. Athletic trainers and physicians will periodically analyze injury patterns to refine rules and make safety decisions. However, the safety of student-athletes cannot be ensured solely by the existence of a rule book and equipment standards, or by officials responsible for enforcing compliance with such safety rules and guidelines. The safety of student-athletes requires a commitment by all student-athletes to share responsibility for complying with the intent and purpose of rules and guidelines designed to minimize the risks of injury. Even so, student-athletes participating in intercollegiate athletics are at risk of injury.

I have read the above shared responsibility statement. I understand that there are certain inherent risks involved in participating in intercollegiate athletics. I acknowledge the fact that these risks exist and I am willing to assume responsibility for such risks while participating in intercollegiate athletics at the University of South Carolina.

I understand that this consent expires automatically 380 days from the date of my signature below. I further understand that I have the right to revoke my consent at any time by sending written notification to the USC Athletics Department (send to John Kasik, Associate Athletic Director/Sports Medicine); however, I understand that a revocation is not effective as to any action that occurs prior to the effective date of my revocation.

Name of Athlete: _____ SSN/Student ID: _____

Signature of Athlete: _____ Date: ____/____/____

If athlete is under 18 years of age, signature of parent or guardian on behalf of the athlete is required.

Parent or Guardian: _____ Date: ____/____/____