



Medical Authorization Form

Please complete either Section I or Section II, then complete Section III and return to Coach Mick Hokanson at:

Troy Softball Camp
Tine Davis Field House
5000 Veterans Stadium Dr.
Troy, AL 36082

Player Name: _____

Section I

I certify that I have given a physical examination and find this student physically able to participate in the Troy University Softball Camp. Any medications prescribed and any physical conditions of which the Troy University coaching staff should be aware are attached to this medical authorization form.

Physician's signature: _____ Date: _____

Section II

I, the parent/guardian of the aforementioned student, certify that he has undergone a physical examination by a licensed physician in the calendar year preceding the first day of Troy University Softball Camp. The proof of that physical examination is attached to this medical authorization form.

Parent/Guardian signature: _____ Date: _____

Section III

Parental Consent Statement: I hereby authorize the staff of the Troy Softball Camp and the Sports Medicine staff of Troy University to administer any treatment deemed necessary, and I release the above mentioned from any and all liability for any injury incurred by my son while he is attending camp. I accept full responsibility for expenses incurred in the diagnosis and/or treatment of any injury or illness while at camp.

Parent/Guardian signature: _____ Date: _____