

Augustana University
Athletic Training Department
Responsibility for Reporting Medical Conditions Form

As a student athlete, I, _____ (*participant print name*) hereby acknowledge in the case of an injury or illness sustained while participating in any supervised athletic activity of Augustana University, that I accept full responsibility for informing a health care professional of the University as soon as signs or symptoms arise.

Health care professionals of the University, consists of the certified athletic training staff, team physicians or members of the Student Health & Counseling Center.

As a student athlete, I accept full responsibility for informing a health care professional of the University as soon as possible in the case of any type of health issue pertaining to the participation of any supervised athletic activity associated with my participation as a student athlete including, but not limited to:

- 1) Injury (sprain, strain, fracture, dislocation, laceration, contusion or tendonitis)
- 2) Illness (sickness, disease or infection)
- 3) Concussion (symptoms of a concussion include a headache, blurred vision, dizziness, drowsiness, excess sleep, fatigue, irritability, loss of consciousness, loss of orientation, loss of memory, nausea, poor balance / in coordination, ringing in the ears, sensitivity to light and/or nausea due to a head injury).

I understand that I may electively choose any health care provider to provide medical services required for the diagnosis and treatment of any injury or illness I may sustain, and I thoroughly understand that failure to report such injury or illness on a timely basis to a health care professional of the University may jeopardize my secondary insurance benefits afforded to me by the University.

I acknowledge that I have been educated on and understand the signs and symptoms of a concussion, and that I have a responsibility to report concussions, as well as other injuries and illnesses to a health care professional of Augustana University. I understand the terms of this document and understand my responsibility for reporting such injuries and illnesses as a student athlete of the Augustana University Athletic Department.

(signature of athlete if 18 years or older)

Date

Sport

(signature of parent/legal guardian if < 18 years)

Date