



Madonna University Athletics
36600 Schoolcraft Road
Livonia, MI 48150

Student athlete name: _____

Date of Birth: _____

Parent/Guardian Permission Form

I, _____, give permission to Madonna University and its team physicians and athletic trainers to seek and/or provide my son/daughter with emergency medical care for conditions that may occur during the course of participation in Madonna University athletic team practices and matches.

In the event my son/daughter is injured during this academic year, I give permission to the team physicians and athletic trainers to evaluate and treat my son/daughter.

I further give permission for Madonna University, its team physicians and athletic trainers to conduct a pre-season health appraisal and physical examination for the purposes of determining participation in Madonna University intercollegiate athletics. I understand I will be notified should my son/daughter not pass the health appraisal or physical examination.

Print Name

Relationship to student-athlete

Signature

Date