



**A T H L E T I C M E D I C I N E**

INTEGRITY • TRUST • RESPECT • TEAMWORK • LOYALTY

**University of Nebraska Department of Athletics Incoming Student-Athlete  
Medical Consent, Shared Responsibility for Sports Safety, and Release of  
Information Acknowledgements**

**Medical Consent**

I hereby grant permission to the University of Nebraska-Lincoln (UNL) team physicians and/or their consulting physician to render me any treatment or medical or surgical care that they deem reasonably necessary to my health and well-being.

I also hereby authorize the athletic medicine staff at UNL who are under the direction and guidance of the UNL team physicians to render me any preventive, first-aid, rehabilitative, mental health, or emergency treatment that they deem reasonably necessary to my health and well-being. Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

**Shared Responsibility for Sports Safety**

I acknowledge that as a student-athlete at the University of Nebraska-Lincoln (UNL), I must be an active participant in my own health care. As such, I have the direct responsibility for reporting all of my injuries and illnesses to the Athletic Medicine staff. I realize that any treatment of my physical and/or mental condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby affirm that I have fully disclosed in writing on the “University of Nebraska Medical History For Student-Athletes” form any prior medical conditions and will also disclose any future conditions to the Athletic Medicine staff. I also understand that the responsibility for sport safety must be shared by all – administrators, coaches, physicians, athletic trainers, and student-athletes as well.

I am aware that there is a certain risk of injury involved in my participation in intercollegiate athletics at UNL. I understand that this includes the risk of spinal cord and brain injury that may result in paralysis and the possibility of other permanent injury or death. I further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. I have been provided with education on head injuries and concussions, including the symptoms of such, and understand the importance of immediately reporting symptoms of a head injury or concussion to the UNL Athletic Medicine staff.

By signing below, I acknowledge that I have read the above shared responsibility statement. I also acknowledge the fact that these risks exist and I am willing to assume responsibility for such risks while participating at the UNL. Furthermore, I acknowledge that UNL has provided me with specific educational materials regarding head injury and/or concussion (NCAA Concussion Fact Sheet) and given me the opportunity to ask questions about areas and issues that are not clear to me about head injuries and concussions.



**A T H L E T I C M E D I C I N E**

I N T E G R I T Y • T R U S T • R E S P E C T • T E A M W O R K • L O Y A L T Y

**Authorization for Release of Information**

By signing below I authorize the University of Nebraska-Lincoln (UNL) athletic trainers, team physicians, and athletic coaches to release medical information to the UNL Athletics Communications staff and the various media outlets, any information concerning illness or injury relative to my past, present, or future participation in athletics at UNL.

**I, \_\_\_\_\_ agree that the above statements are accurate.**  
Student-athlete's name

\_\_\_\_\_  
Signature of Student-athlete for Medical Consent, Shared Responsibility for Sports Safety, and Authorization for Release of Information

\_\_\_\_\_  
Parent/guardian if under age 19 – applicable only to Medical Consent and Shared Responsibility for Sports Safety

\_\_\_\_\_  
Date