

UNIVERSITY OF KENTUCKY ATHLETIC ASSOCIATION

Consent for Medical Treatment / Insurance Statement

I, _____, hereby consent to the University of Kentucky Athletic Training and Medical Staff, or anyone they may designate, to render care, including evaluation, diagnostic procedures, treatment and rehabilitation for any illness or injury I may incur while participating as an intercollegiate athlete for the University of Kentucky _____ team. I acknowledge no guarantees have been made that the evaluation, treatment and rehabilitation of an injury or illness will cure or fully return me to participation.

I consent to necessary medical treatment and admission to any medical facility designated by the University of Kentucky Athletic Training and Medical Staff. I understand I have the right to make decisions concerning my health care including the right to refuse medical and surgical procedures. I also understand the final decision on whether I may continue to participate rests solely with the U.K. Athletic Training and Medical Staff.

I am aware my personal health insurance or that of my parents or legal guardian will be utilized to cover medical expenses incurred in the diagnosis, treatment, and rehabilitation of any athletic related injury or illness. UKAA will be responsible for any deductible or balance after the student-athlete's insurance has paid. This applies only to athletic related injuries or illnesses and adheres to NCAA, SEC, and UK Athletic Association rules for coverage. The University of Kentucky also carries an excess policy for catastrophic injuries. **All athletes MUST have insurance information on file in the Insurance Coordinator's office prior to practice or participation at UK.**

Date

Signature – Student-Athlete
Parent/Guardian if under 18 yrs. old

Date

Signature – Witness