

## Treatment Consent Form

I \_\_\_\_\_ hereby understand and consent the treatment of any injury suffered during the participation of a varsity sport at St. Joseph's College by the sports medicine staff and/or team physicians. Failure to receive treatment may result in the delay of your recovery and the return to the playing field.

\_\_\_\_\_  
Student-Athlete Signature or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student-Athlete's Name



BROOKLYN CAMPUS

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