



## Medical Authorization Form

Player Name: \_\_\_\_\_

### **Please complete either Section I or Section II**

#### Section I

I certify that I have given a physical examination and find this student physically able to participate in the Troy University Baseball Camp, Instructional Showcase, and/or Fall Instructional League. Any medications prescribed and any physical conditions of which the Troy University coach staff should be aware are attached to this medical authorization form.

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

#### Section II

I, the parent/guardian of the aforementioned student, certify that he has undergone a physical examination by a licensed physician in the calendar year preceding the first day of Troy University Baseball Camp. *The proof of that physical examination is attached to this medical authorization form.*

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

### **Please complete Section III**

#### Section III

Parental Consent Statement: I hereby authorize the staff of the Troy Baseball Camp and the Sports Medicine Staff of Troy University to administer any treatment deemed necessary, and I release the above mentioned from any and all liability for any injury incurred by my son while he is attending camp. I accept full responsibility for expenses incurred in the diagnosis and/or treatment of any injury or illness while at camp.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

### **Please return to Coach Brad Phillips at:**

Troy Baseball Camp  
5000 Veterans Stadium Drive  
Troy, AL 36082