



## Medical Form Checklist

These following forms must be filled out completely prior to your first practice or you will not be allowed to participate in any MU athletic department activities. There are **NO EXCEPTIONS.**

1. Medical History (front and back) \_\_\_\_\_
2. Consent to treat, Authorization to disclose, and Assumption of Risk (front and back) \_\_\_\_\_
3. Copy of Insurance Card (front and back) \_\_\_\_\_
4. Emergency Medical Information \_\_\_\_\_

These forms must be mailed, faxed or hand delivered to the athletic training room or athletic department office at:

Madonna University  
Att: Athletic Training Room  
36600 Schoolcraft Rd  
Livonia, MI 48150  
Fax: 734-432-5611  
Phone: 734-432-5605