



# Stanford University Sports Medicine

## AUTHORIZATION FOR MODALITY APPLICATION



I, \_\_\_\_\_, ATC, give full authorization for the athletes named below to receive the following treatments while at Stanford University.

Student-Athlete Name	Treatment

\_\_\_\_\_  
Certified Athletic Trainer (ATC)

\_\_\_\_\_  
Date

Please sign and date this form. Feel free to send this with your athlete or return via Fax (650) 725-2752. If you have any questions, please feel free to call the Stanford Athletic Training Room at (650) 723-1214.