

# WHITTIER CHRISTIAN HIGH

## Consent for Medical Treatment,

I, the undersigned, give the Sports Medicine Team of Whittier Christian (ATCs, MDs, DCs, etc) consent to obtain medical history, perform or get access to pre-participation medical exams, and perform injury evaluations/treat any injuries I may obtain through my participation in sanctioned athletic activities at Whittier Christian High. I understand that the Athletic Trainers or DC at Whittier Christian may only provide services that fall within their training/credentialing/professional scope of practice in regards to the prevention, evaluation, treatment, and rehabilitation of athletic injuries. If further or advanced medical care is warranted, I understand that I will be referred for care by advanced medical personnel. I further understand that, if I sustain an injury or become ill, I am to notify the Training Staff as soon as possible; furthermore, If I should seek outside medical treatment of my own volition, my return to practice/competition will be at the discretion and ONLY AFTER CLEARANCE BY the Whittier Christian Athletic Training Staff (and physician, if any were involved).

## Authorization to Release Medical Information (HIPAA):

I, the undersigned, give consent for the Whittier Christian Athletic Training Staff to release medical information to my coaches, team physicians, emergency medical personnel, and insurance company for the purpose of communication of nature and status of injury as well as treatment and for insurance claims purposes. No member of the Whittier Christian Sports Medicine Department will release my medical records to third parties not named above without my consent, unless such release is required or permitted under this (or other WC) agreement, or applicable by law. This release is valid for the period of two years unless revoked by me in writing.

I understand, and am informed that, as in any practice of medicine or rehab there are risks and some risk to treatment, not limited to sprains/strains, abrasions, bruising ect, I do not expect the Athletic training staff to explain all risks. I wish to rely on the training staff and or doctors to exercise judgment during the course of rehab or treatment based upon the facts then known, in my best interest.

BY SIGNING THIS FORM, I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS. WITH MY SIGNATURE BELOW, I GRANT PERMISSION TO THE WHITTIER CHRISTIAN SPORTS MEDICINE STAFF TO TREAT ALL ILLNESSES/INJURIES SUSTAINED DURING MY SON/DAUGHTER'S ATHLETIC CAREER AT WHITTIER CHRISTIAN, ALONG WITH THE RIGHT TO RELEASE INJURY RECORDS FOR MEDICAL PURPOSES . (\*HIPAA & FERPA).

_____	_____	_____
STUDENT NAME	Student-Athlete Signature	Date
_____	_____	_____
PARENT / GUARDIAN NAME	Parent/Guardian Signature,	Date