

**Hendricks Regional Health
Sports Medicine Program
Parental Consent, Acknowledgment, and Release Form**

(Must be completed by parent/guardian; where divorce or separation, parent with legal custody must sign)

Student Name: _____ Gender: M F Age: ____ School: _____ Grade: ____

Home Address: _____ Home Phone: _____ Date of Birth: _____

City: _____ State: ____ Zip: _____ Sports Participating in _____

Parents email address: _____

If you prefer not to receive information concerning sports medicine services via mail/email please check the box.

CONSENT

As parent or legal guardian of the above named student-athlete, my signature below grants consent for Hendricks Regional Health's (HRH) Licensed Athletic Trainer (LAT) and/or attending physician to perform: (Please initial on the line to the left acknowledging you have read and understand the following)

- ____ 1. Injury prevention, evaluation, and/or treatment during school athletic activities designated by the school, including pre-participation physicals
- ____ 2. Administration of over the counter medications for use in first aide management and strains/sprains, limited to topical applications (i.e., bacitracin ointment, hydrocortisone cream, anti-fungal creams, etc.) and oral antacids (i.e., Tums, Roloids, etc.).

Parent/Guardian: _____ Date: _____

ACKNOWLEDGEMENT and RELEASE

Please initial in the line to the left acknowledging you have read and understand the following:

- ____ 1. I acknowledge that my son/daughter knows the risks involved in athletic participation, understand that serious injury, and even death is possible as a result of such participation and I choose to accept any and all responsibility for his/her safety and welfare while participating in athletics.
- ____ 2. With full understanding of the risks involved, I release and hold harmless the athletic trainers, physicians, and Hendricks Regional Health (HRH) of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against HRH because of any accident or mishap involving the athletic participation of my son/daughter.
- ____ 3. All information regarding the medical condition of an athlete is considered confidential. However, pertinent information may be shared with the coaching staff, athletic training/medical staff, athletic department administration, school nurse, and school corporation administration to facilitate proper care of the athlete. No further release of medical information will be made without written consent of the athlete and his/her parent/guardian.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE. I will be provided a copy of the HRH Joint Notice of Privacy Policies, upon my request

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

Emergency Contact Information Sheet

This information will be kept CONFIDENTIAL and will only be used to assist in the event of an emergency with your son/daughter.

Mother's Name: _____ Address _____ City _____

State: ____ Zip: _____ Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Father's Name: _____ Address: _____ City: _____

State: ____ Zip: _____ Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Emergency Contact (Outside of Home):

Name: _____ Relationship: _____ Home #: _____ Work #: _____ ext. ____ Cell #: _____

Name: _____ Relationship: _____ Home #: _____ Work #: _____ ext. ____ Cell #: _____

Pertinent Medical Information:

Insurance Company: _____ Policy No: _____ Group/Plan: _____

Family Physician: _____ Phone No: _____

Medical Conditions – please list all

- A. Known Allergies: _____
- B. Known medical conditions, [i.e., cardiac, asthma, special conditions (including, but not limited to sickle cell, diabetes, missing organs, etc.)]: _____
- C. Previous Surgeries or Broken Bones: _____
- D. Current Medications (long-term medications such as asthma inhalers, insulin, Ritalin, etc. to include dosage): _____
- E. Other: _____