

BARE ESSENTIALS SPORTS MEDICINE CONSENT FOR MEDICAL TREATMENT

I, _____, as an athlete, event staff, coach, referee, official, casual observer and/or
(PRINT NAME CLEARLY)

volunteer, at the 2016 USTA Nationals, **I CONSENT TO THE MEDICAL EVALUATION AND/OR TREATMENT** for injuries/illnesses provided by Bare Essentials Sports Medicine Team Personnel and/or Hospital/Medical Facility Staff (in the event that I have to be transported to a medical facility and/or emergency room/hospital). **I authorize treatment** by Bare Essentials Sports Medicine Staff and/or Medical Facility/Hospital Personnel in the event of injury or illness occurring while I am in attendance at the event.

I understand medical treatment available at an event **may include but is not limited to:** general first aid care for injuries and wounds, evaluation for possible illness or disease, taping, stretching, modalities such as heat or ice, muscle stimulator/TENS/ultrasound, over-the-counter medication), soft tissue massage, wound closure, splinting, being fitted for a sling or crutches, as well as basic and/or advance life support as deemed necessary by medical personnel.

As a parent or legal guardian of _____, who is under the age of 18, I hereby
(PRINT NAME OF MINOR CLEARLY)

authorize medical treatment in the event of an injury or illness or as preventative measures as provided by a member of Bare Essentials Sports Medicine Personnel and/or Hospital/Medical Facility Staff. I understand medical treatment available the event **may include but is not limited to:** general first aid care for injuries and wounds, evaluation for possible illness or disease, taping, stretching, modalities such as heat or ice, muscle stimulator/TENS/ultrasound, over-the-counter medication, soft tissue massage, wound closure, splinting, being fitted for a sling or crutches, as well as basic and/or advance life support as deemed necessary by medical personnel. I also attest that I have the legal right to sign as this athlete's parent or legal guardian, and have documentation to prove so.

All medical evaluations completed by Bare Essentials Sports Medicine Personnel for athletic injuries are considered confidential and will be filed at the Bare Essentials Sports Medicine Office. Copies of medical injury forms can be requested verbally from the BARE ESSENTIALS SPORTS MEDICINE STAFF MEMBER EVALUATING THE ATHLETE, by the injured athlete, or parent of a minor athlete at the time of injury or requested in writing at a later date. The original injury report form will remain on file in the Bare Essentials Sports Medicine Office. No information about an individual athlete will be released without that athlete's permission in accordance with HIPAA Guidelines. Information pertaining to injury data without using an athlete's name will be released to the Medical Director, the Medical Coordinator, USTA Event Coordinator or their assistants for purposes of injury research and athlete personal info will only be released as part of insurance form filing.

(Athlete's Name – Printed)

(Athlete's Signature)

(Date)

Athlete's Date of Birth _____ City/State/Country of Residence _____

(Parent/Legal Guardian Signature)

(Date)

(Parent/Legal Guardian Name Printed)