



MIDWEST
ORTHOPÆDIC
CENTER

6000 N. Allen Road | Peoria, Illinois 61614 | 309-691-1400

Student Name:
DOB:
Date:

Student-Athlete Pre-Participation Form

Consent to Treat

I hereby authorize the certified athletic trainers and sports medicine staff acting on behalf of Midwest Orthopaedic Center (MOC) to evaluate and treat any injury/illness that occurs as a result of my participation in high school or intercollegiate athletics. This includes any and all reasonable and necessary preventative care, treatment, and rehabilitation for these injuries/illnesses. In addition, in the event my child needs urgent or emergency treatment off-site, I authorize staff at MOC to arrange for such care, including appropriate transportation. I understand that MOC will contact me as soon as possible in the event my child has an urgent or emergency condition.

Medical Clearance Policy:

When under medical care I may not return to participation until I have been given permission by the team physician, his/her delegate, or certified athletic trainer. This may occur during or at the conclusion of medical treatment. The team physicians of MOC have the FINAL authority regarding participation status following injury/illness. I understand and agree that if I experience an injury/illness or change in my health status it is my responsibility to inform my head coach and the certified athletic trainer. I also agree to adhere to the established injury management guidelines including rehabilitation and reassessment before I am released to return to full participation. Any athlete who sustains an injury or illness during his/her season that requires outside medical attention (Emergency Room, off-campus physician, etc.) will need to be given a written letter of medical clearance from the treating practitioner. The athlete will not be medically eligible to participate until the document is presented to the MOC athletic health care provider(s) and/or Health Services staff. *All students are responsible for notifying their MOC Health Care provider of any changes in health status.*

Statement of Confidentiality and Authorization to Release Information

All medical information is kept confidential and access is restricted to the Midwest Orthopaedic Center Athletic Health Care provider(s) that are responsible for your health care. General injury information and participation status will be released to coaches as needed. Medical information, only as it pertains to your participation, will be shared among the MOC Health Care provider(s) and the student/athlete's coaching staff. Any other medical information will not be shared without a written authorization to release. The authorization form must be signed by the athlete/ and or parent, indicating what specific information is to be released, to whom, and for what purpose.

Impact Concussion testing (if applicable per sport):

The ImPACT program is a computerized exam that the athlete takes prior to the season for a cognitive baseline measurement. Your son/daughter will be taking the exam on a school computer supervised by an athletic trainer or coach/school administrator. In the event of an injury and a concussion is suspected, the athlete may retake the exam to assess the severity of the concussion. These post-injury test results will be compared to the baseline measurements in order to provide the best information in returning your son/daughter to play and in keeping their health and safety our number one priority. All tests are free of charge. If physician evaluation is necessary, you will be responsible for any charges not covered by insurance.

My signature below indicates that I have read this entire document and understand it completely. These policies remain in effect until completion of the student's senior year.

Athlete's Signature*

Date

*Parent/Guardian must execute form if the athlete is under the age of eighteen (18) years.

Parent/Guardian Signature

Date