Consent for Treatment of a Minor

I, as parent or legal guardian of _____ hereby give consent for a Certified and/ or Licensed Athletic Trainer, Sports Medicine Staff, Physician and/ or emergency medical personnel to provide sports medicine services for the above minor.

Sports medicine services include, but are not limited to: administrating first aid for athletic injuries, providing initial treatment and management of acute injuries, and assessing athletic injuries at the request of the athlete, the athlete's coach, or the athlete's parent/ guardian. The Athletic Trainer will perform only those procedures that are within the profession's scope of practice to prevent, care for and rehabilitate athletic injuries.

I, hereby authorize the Athletic Trainer to disclose information about the athlete's injury assessments and post-injury status. I understand such disclosures will be done, as needed, with the involved coaching staff, Athletic Director, the school nurse, and treating healthcare provider(s).

Injured athletes that have been evaluated and/ or treated by a physician must submit written clearance from that physician to the Athletic Trainer prior to the athlete being permitted to resume activity.

_____ _____

Parent/ Guardian Signature Date

IN CASE OF EMERGENCY, PARENT/ GUARDIAN MAY BE CONTACTED AT:

Name: _____ Day Phone: _____

Address: _____ Night Phone: _____

Medical/ Billing Information:

Name of Insured: _____

Insurance Company: _____

Address: _____

ID #: _____ Group: _____

Signature: _____

My Child is Allergic To: _____

Medications Taken Routinely: _____

Family Doctor: Name: _____

Address: _____

_____

Phone #: _____