CONSENT TO TREATMENT

Dear Parent/Guardian:

In order to provide the best possible medical care for your child or ward (hereinafter, collectively, "child"), a medical record will be established for him/her. If your child should become injured while playing sports, this record will provide important information about him/her. Please complete and sign as indicated and return to your child's coach. Your signature serves as permission to treat your child until 18 years of age or until he/she has completed activity participation.

THIS INFORMATION MUST BE COMPLETED BEFORE YOUR CHILD CAN BE EVALUATED / TREATED FOR ANY INJURY THAT MAY OCCUR

Athlete Name: ____ D.O.B. ____/____/_____

Athlete Address: ____
Street City State Zip

Parent/Guardian Name: ____

Parent/Guardian Address: ____
Street City State Zip

Home Phone: __________________________ Work Phone: _______________________

Guaranteed contact number - Pager, Cell Phone, etc. ___________________________

INSURANCE INFORMATION

Primary:

Company Name: ______________________________

Policy and/or Group No.: ______________________

Secondary:

Company Name: _________________________

Policy and/or Group No.: __________________

ALLERGIES/MEDICAL CONDITIONS

My child's doctor is: ____

My child is currently taking the following medications: _________________________

____

My child has the following allergies or medical conditions: ______________________

____

PARENTAL CONSENT

The undersigned grants consent to ____, and to their respective employees, for the child listed above to receive an assessment and the treatment of any injuries he/she may suffer during the school year. Injury treatment would include the application of modalities such as cold, heat, electrical muscle stimulation and/or ultrasound if necessary, as well as therapeutic exercises, to safely speed recovery and return to activity.

MEDICAL RELEASE

I, the undersigned, give permission for school officials, chaperons, or representatives of ____ involved in the activity with my child to seek medical attention or render first aid if such attention is necessary in the discretion of the said person involved. In case of emergency, and when I cannot immediately be contacted, I give permission to the physician selected by the school officials to hospitalize, secure proper treatment, order injections, anesthesia, or surgery for my child.

ACKNOWLEDGEMENT OF RISK

Both the student and the parent/guardian should read this statement carefully. You should be aware that playing, practicing, conditioning and preparing for participation in any sport can be a dangerous activity involving risks of injury. The dangers and risks of sports participation include, but are not limited to: death, serious neck, head and/or spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, tendons, and other aspects of the body, general health and well being. Because of the dangers of participating in sports, the student should recognize the importance of following coaches' instructions regarding playing techniques, training, and other teams' rules and obey such instruction.

ASSUMPTION OF RESPONSIBILITY

It is my desire that my child participate in such athletic activities for which the within Consent to Treatment, Medical Release and Acknowledgement of Risk is being given by me as the parent or legal guardian of such child and as a precondition to my child's participation in such athletic activities. I fully understand the importance, consequences and affects of the within Consent to Treatment, Medical Release and Acknowledgement of Risk that I am entering into on behalf of myself and on behalf of my child, I have fully disclosed any medications, allergies or medical conditions that my child may have, and I assume full responsibility for any action taken in reliance upon the provisions hereof.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THE ABOVE.

____ ____________________

SIGNATURE OF PARENT/GUARDIAN DATE

____

Print Parent's/Guardian's Name

____ ____________________

STUDENT ATHLETE DATE

____

Print Student Athlete's Name