

Authorization for Sports Medicine Services and Consent for Treatment

I, the undersigned, am the parent/legal guardian of, _____ (student's name) a minor and student athlete at _____ who plans to participate in sports.

I understand that Paris Community Hospital/Family Medical Center (PCH/FMC) is contracted by the school to provide sports medicine services for the school's athletes. I hereby give consent for the Sports Medicine Staff to provide sports medicine services for the above minor. Sports medicine services may be provided by but is not limited to a Doctor, Athletic Trainer, Nurse Practitioner, or Physical Therapist.

I hereby authorize the Sports Medicine Staff who provides services to the above named athlete 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 of the school, the school nurse, and any treating healthcare provider.

I understand that there is no charge to me for the above listed sports medicine services; however, additional injury treatment and/or prevention initiatives may have additional fees and will be disclosed accordingly. If the athlete is in need of further medical treatment, he/she may see the physician or provider of his/her choice.

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

This authorization shall remain effective until the end of the school year.

Parent/Guardian name _____ Signature _____

Medical History

Student Athlete Name _____ Gender ____ Grade ____ Date of Birth _____

Allergies _____

Current Medications _____

Pertinent medical history _____

Emergency Contact Information

Parent/Guardian Name _____ Relationship to student athlete _____

Cell Phone _____ Home Phone _____ Work Phone _____

Parent /Guardian Name _____ Relationship to student athlete _____

Cell Phone _____ Home Phone _____ Work Phone _____

