

**Sports Medicine Consent Form**

**Must be completed by parent/guardian: where divorce or separation, parent with legal custody must sign.**

Student name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Consent**

**Initial on the line to the left of each number acknowledging you have read and understand the following.**

As parent/legal guardian of the above named student-athlete, my signature below grants consent for Hendricks Regional Health's Licensed Athletic Trainer (LAT) and/or attending physician to perform:

- \_\_\_\_ 1. Injury prevention, evaluation, and/or treatment during school athletic activities designated by the school, including pre-participation physicals.  
\_\_\_\_ 2. Administration of over the counter medications for use in first aide management and strains/sprains, limited to topical applications (i.e., bacitracin, hydrocortisone cream, anti-fungal creams, etc) and oral antacids (i.e., Tums, Roloids, etc)

**Parent/Guardian Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Acknowledgement and Release**

**Initial on the line to the left of each number acknowledging you have read and understand the following.**

- \_\_\_\_ 1. I acknowledge that my son/daughter knows the risks involved in athletic participation, understand that serious injury, and even death is possible as a result of such participation and I choose to accept any and all responsibility for his/her safety and welfare while participating in athletics.  
\_\_\_\_ 2. With full understanding of the risks involved, I release and hold harmless the athletic trainers, physicians, and Hendricks Regional Health of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against them because of any accident or mishap involving the athletic participation of my son/daughter.  
\_\_\_\_ 3. All information regarding the medical condition of an athlete is considered confidential. However, pertinent information may be shared with coaching staff, athletic trainer/medical staff, athletic department administration, school nurse, and school corporation administration to facilitate care of the athlete. No further release of medical information will be made without written consent of the athlete and his/her parent/guardian.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.** I will be provided a copy of the HRH Joint Notice of Privacy Policies upon request.

I **do** \_\_\_\_\_ **do not** \_\_\_\_\_ give my permission for Hendricks Regional Health to contact me via mail/email for purposes of sharing information related to sports medicine services.

**Parent/Guardian Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact Information**

**This information will be kept CONFIDENTIAL and will only be used to assist in the event of an emergency with your son/daughter.**

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (if different from student): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mother's email: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (if different from student): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Father's Email: \_\_\_\_\_

**Emergency Contact Information (Outside of Home)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pertinent Medical Information:**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Group/Plan: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Conditions: (please list all)**

- A. Known Allergies: \_\_\_\_\_  
B. Known medical conditions (i.e., cardiac, asthma, special conditions (including but not limited to sickle cell, diabetes, missing organs, etc):  
\_\_\_\_\_  
C. Previous Surgeries or Broken Bones: \_\_\_\_\_  
D. Current medications: \_\_\_\_\_  
E. Other: \_\_\_\_\_