

**Hendricks Regional Health
Sports Medicine Program
Parental Consent, Acknowledgment, and Release Form**

CONSENT

As parent or legal guardian of a student-athlete, my signature grants consent for Hendricks Regional Health's (HRH) 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 ointment, hydrocortisone cream, anti-fungal creams, etc.) and oral antacids (i.e., Tums, Roloids, etc.).

ACKNOWLEDGEMENT and RELEASE

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.

With full understanding of the risks involved, I release and hold harmless the athletic trainers, physicians, and Hendricks Regional Health (HRH) 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 HRH because of any accident or mishap involving the athletic participation of my son/daughter.

All information regarding the medical condition of an athlete is considered confidential. However, pertinent information may be shared with the coaching staff, athletic training/medical staff, athletic department administration, school nurse, and school corporation administration to facilitate proper 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