

**ALBUQUERQUE PUBLIC SCHOOLS
ATHLETIC PARTICIPATION CONSENT FORM**

COMPLETE FORM IN BLUE/BLACK INK ONLY

Student Name _____ School Year _____ Grade _____

Sport(s) _____

Parent/Legal Guardian: Read the following statements concerning participation in an Albuquerque Public Schools (APS) interscholastic athletic program. A parent/legal guardian is required to review the following information and acknowledge by initialing after each section.

Acknowledgement of Injury Risk: I, the parent/legal guardian, and the named student acknowledge that preparation for and participation in interscholastic athletics involves a risk of serious and permanent injury to a student. We understand and acknowledge the danger of these severe injuries as inherent in the physical activity/contact in all sports. Initial _____

Consent to Participate: I, the parent/legal guardian, give consent for the named student to participate in APS interscholastic athletics as provided by APS and represent the school listed below as a team member in accordance with the policies and conditions set forth by the school district, school administration and coaches. Initial _____

Name of School _____

List any sports that consent to participate is **not** given for the named student _____

Financial Responsibility for Medical Care: It is agreed financial responsibility for securing care of athletic injuries is a matter between the parent/legal guardian and the health care provider. APS will not be liable for payment of health care providers for the treatment of the named student. Initial _____

Insurance: Accident and health insurance is a requirement, prior to tryout, practice or participation in interscholastic athletics. Insurance can be purchased from a private carrier or from a carrier contracted through APS at a nominal rate. Please contact your school for the application. Initial _____

Physical Examinations: Physical exams are required by the New Mexico Activities Association (NMAA) for all athletic participants who wish to participate in tryouts, practices and events. The physical exam must be dated **April 1 or later** for it to be valid for the following school year. Athletic physical exams dated **prior** to April 1 of a calendar year will **not be valid** upon the NMAA starting date for sports in the following school year. Initial _____

Notification of Injuries: Information concerning the care, disposition and treatment of athletic injuries will be shared only with a student's high school athletic trainer, school athletic director, treating physician, team physician, school nurse and/or team coach as applicable and on a need to know basis for the time the student is participating at the school. Information released to a third party by school health care providers may only occur with written permission of the parent/legal guardian. Initial _____

Transportation Responsibilities: It is agreed that the parent/legal guardian and student will assume the legal responsibilities for the personal safety and action of the named student while traveling to and from practices and games when transportation is not provided by APS. When transportation is provided by APS, policy requires students use such transportation to and from practices and games. Any exceptions must be arranged with and approved by the school athletic director/school administration prior to departure and in accordance with established travel policies. Initial _____

I, the parent/legal guardian, and the student have completely read, fully understand and voluntarily accept and agree with all of the above terms and conditions.

Parent/Legal Guardian Signature

Date

Relationship

Student-Athlete Signature

Date



**MEDICAL
EXAMINATION FOR
PARTICIPATION IN
INTERSCHOLASTIC
ATHLETICS**

New Mexico Activities Association
6600 Palomas NE
Albuquerque, NM 87109
www.nmact.org

NOTE: The NMAA does not need a copy of this form. Please return to your school's athletic department.

Emergency Information – Parent/Guardian please fill out prior to examination.

Student Athlete Name (Last, First, M.I.): _____

Home Address:

Street City State Zip

Grade: _____

DOB: _____

AGE: _____

Name of Parent/Guardian

Home Address:

Street City State Zip

Phone: _____

Work: _____

Cell: _____

Emergency Contact

Name Relationship

Phone: _____

Work: _____

Cell: _____

Address:

Street City State Zip

Participant Insurance: Participants must be covered by accident/injury insurance prior to participation.

Insurance Carrier

Policy Number

Group ID

SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY)

Sports/Activities

<input type="checkbox"/> Baseball	<input type="checkbox"/> Cheer	<input type="checkbox"/> Football	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Tennis	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Bowling	<input type="checkbox"/> Dance	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track/Field	<input type="checkbox"/> Other _____

Please answer all health history questions on the following page **PRIOR** to your visit to the doctor. Please fill in the student athlete's personal information (name, gender and birth date) on each page of the form and return the entire packet to the school's athletic department.

COVID-19 ACKNOWLEDGEMENT

I am aware that there is an inherent risk of injury and/or illness associated with participation in athletic activity and grant permission for my child to participate in NMAA activities during the current COVID-19 pandemic.

Student-Athlete Signature

Date

Parent or Court Appointed Legal Guardian Signature

Date

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

Have you had COVID-19? (check one): Y N

Have you been immunized for COVID-19? (check one): Y N If yes, have you had: One shot Two shots

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS

(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)

	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)

	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

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Main body of faint, illegible text, appearing to be several paragraphs of a document.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]
[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]	[Illegible]

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance) PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues:
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____
Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

 Medically eligible for certain sports

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

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CONCUSSION IN SPORTS

A Fact Sheet for Athletes and Parents

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Observed by the Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"
-

Observed by the Parent / Guardian

- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events after hit or fall
- Appears dazed or stunned

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE

Athlete

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

Parent / Guardian

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

It's better to miss one game than the whole season.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

RETURN TO PLAY GUIDELINES UNDER SB38

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of 240 hours (10 days).
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

REFERENCES ON SENATE BILL 38 AND BRAIN INJURIES

Senate Bill 38:

<https://www.nmlegis.gov/Sessions/17%20Regular/final/SB0038.pdf>

For more information on brain injuries check the following websites:

<https://nfhslearn.com/courses/61059/concussion-for-students>

<http://www.nfhs.org/resources/sports-medicine>

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.stopsportsinjuries.org/concussion.aspx>

<http://www.ncaa.org/health-and-safety/medical-conditions/concussions>



SIGNATURES

By signing below, parent/guardian and athlete acknowledge the following:

- ◆ Both have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*.
- ◆ Both understand the risks of brain injuries associated with participation in school athletic activity, and are aware of the State of the New Mexico's Senate Bill 38; Concussion Law.
- ◆ Athlete has received brain injury training pursuant to Senate Bill 38.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date

ALBUQUERQUE PUBLIC SCHOOLS

ATHLETIC AND ACTIVITY CODE OF CONDUCT

It is the responsibility of parents/guardians and students participating in athletics and/or activities sanctioned by the New Mexico Activities Association (NMAA) to read and familiarize themselves with the terms and requirements of the Albuquerque Public Schools (APS) Athletic and Activity Code of Conduct. A student or his/her parent/guardian may obtain an explanation of any part of this code from the school athletic director, activities director or principal.

The parent/guardian and student are required to sign the attached form to acknowledge this code has been read, is understood by the student and the parent/guardian and they each agree to abide by it.

Coaches/sponsors will not allow a student to practice, play or otherwise participate in the sport/activity until the student's signed acknowledgment form has been returned to the coach/sponsor.

GENERAL CONDITIONS OF PARTICIPATION

The development of character and proper conduct promoted by athletics and activities is central to the educational mission of the school. Students involved in athletics/activities are held to a higher standard of conduct as they are representatives of their school and school district and serve as role models for others.

Participation in all athletics and activities is a privilege offered to students and may be withdrawn based on the failure to adhere to the highest standards of personal conduct and ethical behavior. Continued membership and participation in extra-curricular activities may also be determined by a student's attitude, punctuality and attendance.

All standards, rules, and requirements in the APS Athletic and Activity Code of Conduct are in addition to the standards, rules and requirements set forth by the sport/activity, the school, the Albuquerque Public Schools and the New Mexico Activities Association.

GENERAL CONDUCT GUIDELINES

The APS Athletic and Activity Code of Conduct guidelines designate expectations for students participating in extra-curricular activities such as athletics, concert band, speech & debate, mock trial and other school sponsored performances and/or competitions. Student performances and/or competitions in co-curricular activities that contribute to a grade in academic classes are not included in the APS Athletic and Activity Code of Conduct.

Participants in athletics and activities are regarded as representatives of the Albuquerque Public Schools and are expected to conduct themselves as exemplary examples of APS students at all competitions and events. Disciplinary actions under this code shall be imposed based on the best interests of the team/group and school and the best educational interests of the student being disciplined. The conduct expectations set out in this code apply to each student and are in effect throughout the school year a student is a member of an athletic team or an extra-curricular activity.

GENERAL CONDUCT GUIDELINES (continued)

A student shall be removed and/or suspended from a sport or activity for violations of team/group rules, school rules and/or school district rules as specified in the APS Student Handbook. Disciplinary action may be taken for conduct deemed inappropriate regardless of whether such conduct takes place on or off campus and regardless of whether such conduct takes place during school hours or at any other time. A student charged with or suspected of inappropriate conduct may be suspended from their sport or activity pending an investigation. Inappropriate conduct includes but is not limited to:

- The use or possession of alcoholic beverages, illegal drugs or supplements, tobacco in any form and/or performance enhancing drugs or attendance at a party or other gathering at which any of the foregoing substances are present and/or being used as referenced in the APS Student Handbook.
- Participation in bullying and/or hazing activities as a part of a team/group initiation or rite of passage. Programs or individuals engaging in bullying and/or hazing activities may be placed on probation, suspension or other consequences administered by school administration.
- Use of social media deemed unacceptable, inappropriate or causes a disruption to the educational process.

ATTENDANCE STANDARDS FOR PARTICIPATION

Students are expected to attend a minimum of one-half school day (or as otherwise determined by school administration) to be minimally eligible to participate in a practice, competition, activity or performance scheduled on the same date.

Participation in evening activities or competitions shall not affect school attendance on the following day. When performing or competing during the school day, students are expected to return to classes immediately after the event.

Students are not allowed to participate while serving a school suspension, in or out of school. A suspended student shall be removed from all team/group related activities for the length of the suspension and may resume team/group participation the day the student is permitted to return to class.

OTHER GUIDELINES

Coaches/sponsors may establish team/group rules that exceed the APS Athletic and Activity Code of Conduct conditions and guidelines upon prior approval by the athletic/activities director. Students who violate team/group rules and standards or whose conduct is detrimental to the team/group cohesiveness or success shall be subject to disciplinary action that may include, but is not limited to, curtailment of playing time/participation, suspension from games or events and suspension or dismissal from teams/groups.

Parents/guardians of students participating in athletics will review the APS Parent/Guardian Code of Expectations for Athletics and will adhere to and uphold all obligations. In the event a parent/guardian fails to adhere to and uphold these obligations, school administration and the school district reserves the right to impose sanctions against the parent/guardian including disciplinary action that may include, but is not limited to, temporary and/or permanent removal from the activity and expulsion from all future events.

ALBUQUERQUE PUBLIC SCHOOLS

ATHLETIC AND ACTIVITY CODE OF CONDUCT ACKNOWLEDGEMENT

The undersigned parent/guardian and student state that:

- We have read the Albuquerque Public Schools (APS) Athletic and Activity Code of Conduct and understand its terms, conditions and standards.
- We agree to abide by the terms, conditions and standards of the APS Athletic and Activity Code of Conduct.
- We understand it is our responsibility to be aware of and adhere to the additional standards, rules and requirements set forth by each sport/activity the student participates in, the school(s) the student attends, the Albuquerque Public Schools and the New Mexico Activities Association.
- We understand it is our responsibility to keep this document and refer to it throughout the school year as specific issues or questions arise.

Sports participating in (check all that apply):

- Baseball
- Basketball – Boys
- Basketball – Girls
- Cheer
- Cross Country – Boys
- Cross Country – Girls
- Dance
- Football
- Golf – Boys
- Golf – Girls
- Soccer – Boys
- Soccer – Girls
- Softball
- Swimming & Diving – Boys
- Swimming & Diving – Girls
- Tennis – Boys
- Tennis – Girls
- Track & Field – Boys
- Track & Field – Girls
- Volleyball
- Wrestling

Activities participating in (check all that apply):

- Athletic Training Challenge
- Bowling
- Business Professionals of America
- Chess
- Choir
- Concert Band
- DECA
- eSports
- Educators Rising
- English Expo
- FCCLA
- FFA Agriculture Education
- HOSA
- JROTC
- Mock Trial
- One Act Production
- Rodeo
- Scholastic Publications
- Science Fair
- Science Olympiad
- Skills USA
- Speech & Debate
- Student Council
- Technology Student Association

Student Printed Name

Student ID

School Year

Student Signature

Date

Parent/Guardian Signature

Date

NEW MEXICO ACTIVITIES ASSOCIATION

6600 PALOMAS AVE. NE
ALBUQUERQUE, NM 87109
PHONE: 505-923-3110
FAX: 505-923-3114



CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances, it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the New Mexico Activities Association (NMAA), _____ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/NMAA, to the extent the QMP deems necessary to prevent harm to the student/athlete. It is understood that a QMP may be an athletic trainer, medical/osteopathic physician, physician assistant or nurse practitioner licensed by the state of New Mexico (or the state in which the student/athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by New Mexico law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY OR TYPE

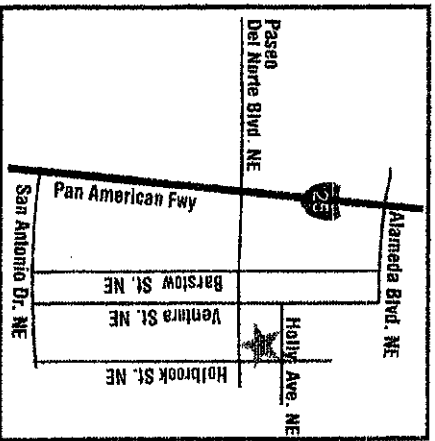
"I, _____ the undersigned, am the parent/legal guardian of, _____ a minor and student-athlete at _____ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/NMAA may employ or designate QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by New Mexico law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

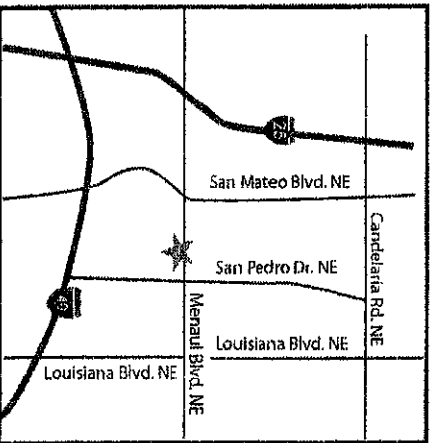
If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/NMAA."

Date: _____ Signature: _____

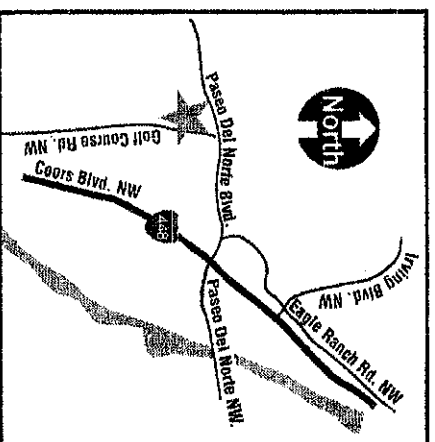
The Preferred Health Care Partner of the
 New Mexico Activities Association



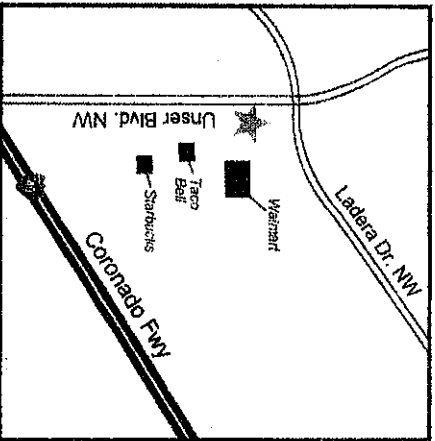
9551 Paseo Del Norte Blvd. NE #D
 Albuquerque, NM 87122



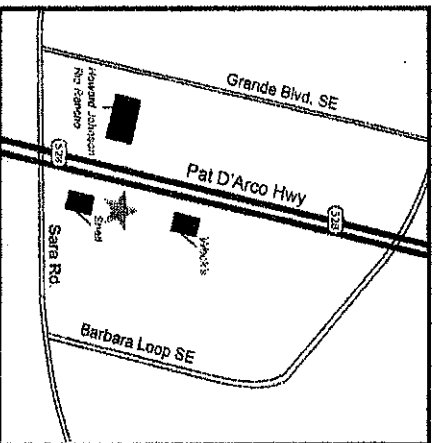
5504 Menaul Blvd. NE #F
 Albuquerque, NM 87110



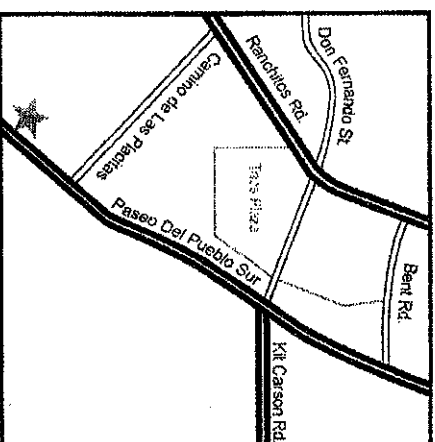
8201 Golf Course Road NW #A3
 Albuquerque, NM 87120



1800 Unser Blvd., #500
 Albuquerque, NM 87120



1630 Rio Rancho Dr. SE #101
 Rio Rancho, NM 87124



330 C Paseo Del Pueblo Sur
 Taos, NM 87571

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