

Bishop O'Connell High School

Summer Athletics Conditioning Consent Form

Student-Athlete Name: _____

Date of Birth: _____

As the parent/guardian of the student named on this form, I am familiar with his/her wishes to participate in summer athletic conditioning at Bishop O'Connell High School.

STATEMENT OF GOOD HEALTH

I acknowledge that my son/daughter is in good standing health and physically able to participate in athletic participation. My son/daughter has/had the following allergies and/or medical conditions:

Allergies: _____

Medical Conditions: _____

*Please note this form does not qualify as pre-participation physical examination and all required forms must be completed and submitted to the Athletic Department prior to the start of the Athletic season.

Acknowledgement of Risks

I am aware that with participation in sports comes a risk of injury to my child/ward. I understand that the degree of danger and the risk of injury vary significantly from one sport to another with contact sports having a higher risk..

Consent to Treat

- A.** Permission is hereby granted to the Bishop O'Connell High School Certified/Licensed Athletic Trainers, Faculty, and coaches to proceed with any necessary Primary and Secondary First Aid. In the event of serious illness or injury, I understand that an attempt will be made to contact me in the most expeditious manner possible. If in the event I cannot be reached, the treatment or referral necessary for the best interest of the above-names student/athlete will be given.
- B.** Permission is hereby granted to the Bishop O'Connell High School Certified/Licensed Athletic Trainer to proceed with any necessary evaluation, minor medical treatment, and/or rehabilitation of injuries for the above-named student/athlete.
- C.** Permission is hereby granted to the Bishop O'Connell High School Certified/Licensed Athletic Trainer to proceed with any necessary use of modalities (including but not limited to: Moist Heat, Ultrasound, Electric Stimulation, T.E.N.S., Compression Unit, Whirlpools, Cupping, IASTM) for the care, treatment, and rehabilitation for the above-named student/athlete's injury(s). All modalities will be used under the direction of the Bishop O'Connell High School Team Physician and/or other referring physicians and will only be administered by the Bishop O'Connell High School Certified/Licensed Athletic Trainers

Consent to Share Information

I consent to allow physicians selected by myself or the school, and the Certified Athletic Trainers to share appropriate information concerning my child that is relevant to participation in athletics and activities with my child's coaches and other school personnel as deemed necessary.

Note: If an athlete is under the care of a physician, note from that physician is needed for the Certified Athletic Trainers to provide treatment recommended by the physician, and to make return to play decisions.

Consent for Athletic Participation

With this in mind, I grant permission for my child/ward to participate in summer athletic conditioning .

Signature of Parent or Guardian:

Date:

Emergency Contact Form (Please Print)

_____ Last Name First
Name Middle

_____ Address City
State Zip Code

Student lives with: (circle one) Both Parents / Mother / Father / Guardian

Mother/Guardian Home Number Work Number Cell Number

Father/Guardian Home Number Work Number Cell Number

List two emergency contacts if parents are unavailable:

Name Relationship Home Number Work Number Cell Number

Name Relationship Home Number Work Number Cell Number

In the event of serious illness or injury, I understand that an attempt will be made to contact me in the most expeditious manner possible. If, in the event, I cannot be reached, the treatment of referral necessary for the best interest of the above-named student/athlete is given.

Allergies: _____

Other Medical Conditions: _____

Physicians Name: _____ Phone Number: _____

Insurance Company Name: _____ Insurance Company Phone: _____

Insurance Company Address: _____

Policy Number: _____ Group Number: _____

Signature of Parent/Guardian _____ Date _____