



BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
A community passionate about student success

STUDENT MEDICAL AND IDENTIFICATION INFORMATION

BUCKEYE ELEMENTARY SCHOOL DISTRICT #33
25555 WEST DURANGO STREET
BUCKEYE, ARIZONA 85326

STUDENT: _____ DATE OF BIRTH: _____

SPORT/ACTIVITY: _____ SCHOOL YEAR: _____

My child has my permission to participate in the following sports:

(Please check ALL the sports in which the student may be interested in participating in during the school year?)

☐ Volleyball ☐ Flag Football ☐ Soccer ☐ Basketball ☐ Baseball ☐ Softball

The following information is furnished so that my son/daughter can receive proper care.

Parent Understanding

I understand participating in interscholastic athletics or extracurricular activities can be an extremely valuable experience for young people. We at BESD make every attempt to employ the finest coaches or sponsors, supply our athletes and participants in extracurricular activities with the best equipment and facilities, and provide our participants with opportunities to develop skills and interests in sports and other activities so they may continue at the highschool level. However, student participants are exposed to moving objects, stationary objects, various playing surfaces, transportation and other items that can cause injury and/or death. The communication is being written so you and your student can understand that there are potential dangers involved while participating in any athletic or extracurricular program before deciding to become involved in these activities at BESD.

Father/ Guardian printed name: _____

Phone number: _____

Father/ Guardian signature: _____ Date: _____

Mother/ Guardian printed name: _____

Phone number: _____

Mother/ Guardian signature: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Insurance Policy Information for Student Participating In Interscholastic Athletics

It is understood that the Information, consent, and authorization hereby given and granted are continuing and Intended by me to extend through the current school year.

In accordance with the school policy, the above named student:

{a} Completed waiver- no individual Insurance policy

(b) Is fully covered by parent's Insurance

Name of Insurance: _____

Group # _____ **Policy #** _____

PLEASE PROVIDE A COPY OF INSURANCE CARD

The Buckeye Elementary School District #33 **WILL NOT ACCEPT** responsibility for the repayment of any medical bills incurred due to injury during any practice or game. The above named student is given permission to participate in interscholastic athletic programs for the Buckeye Elementary School District #33. Permission is granted to transport, render aid, or care to said student as deemed necessary.

EXTRA-CURRICULAR ACTIVITIES WAIVER OF LIABILITY

Parent/Guardian Permission & Waiver of Liability
& Authorization for Emergency Care

I hereby give my consent for the above named student to participate in interscholastic teams or extra-curricular activities for this school year. I also agree to reimburse the BESD for equipment or uniforms issued to my child should they become lost, stolen, or ruined. I understand that BESD cannot accept responsibility for personal items or school uniforms lost, stolen, or ruined.

I, hereby release Buckeye Elementary School District and its administrators, directors, and employees from any and all liability from property damage, personal injuries, or other claims arising from or in connection with my student's participation in extracurricular activities or interscholastic sports at BESD schools, including claims that are known and unknown, foreseen and unforeseen, future or contingent.

I authorize the Athletic Director, School Principal, Coach or Sponsor in attendance at any BESD activity to select and secure medical attention as may be necessary for my child as a result of an injury or other events requiring emergency care while I/we are not in attendance at such event.

I hereby release said school official(s) from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

All information given above is accurate.

Parent/Guardian Signature: _____ **Date:** _____

Email: _____

ATHLETIC HANDBOOK

Buckeye Elementary School District Athletic Department

ATHLETE CODE OF CONDUCT/EXPECTATIONS

This is a guideline for students, parents and guardians to use concerning basic rules and expectations for participation in the Buckeye Elementary School District Athletic Programs. Please read and sign the consent form at the end of these guidelines. Should you have any questions, please feel free to contact your Athletic Director. Thank you for your support.

I. School

- A. All student athletes must abide by all regular school policies outlined in the student handbook, including dress code. No student athlete may participate in practice or compete until in school suspension, or out of school suspension are completed.
- B. Eligibility
 - 1. A student must be in attendance at least 4.5 hours during their regular school day between 8:00/8:30 a.m. and 2:45/3:15 p.m. in order to participate in a practice or game. If extenuating circumstances arise, permission to play or practice may be given by the Athletic Director.
 - 2. All student athletes need a grade of C (69.5%) or better in each class, in order to remain eligible for athletics. Grade sheets will be signed by teachers every Monday or filed electronically, and will determine a player's eligibility for that entire week.
 - a) Ineligible players may practice with the team, but cannot participate in games or wear the team uniform for an entire week.
 - b) Ineligible players may not travel with the team.
 - c) If a player is ineligible for three consecutive weeks, they may be dropped from the team.
 - d) Eligibility rules start the 2nd week of the season.
 - e) No players may be added after the completion of the 5th game of the season.

II. Athletic Forms

- A. In order to be eligible to tryout, practice, or play all student athletes must have these forms completely filled out, signed by a parent, and on file with the Athletic Department:
 - 1. Mild Traumatic Brain Injury (MTBI) / Concussion Statement and Acknowledgement Form.
 - 2. Consent to Treat Form
 - 3. Current physical examination completed by a physician (Physicals last one year from date of prior physical).
 - 4. Student Medical and Identification Form
 - 5. Proof of Insurance for Participation in interscholastic Athletics and for Care in Event of Injury form.
 - 6. Athletic Handbook signature page.

III. Travel

- A. All student athletes must travel with the team on the bus to and from games, unless a parent/guardian signs his or her child out with the coach prior to leaving campus to go to a game.
- B. Student athletes will not be allowed to ride home with anyone other than the parent/guardian, unless a release form is signed in advance and given to the appropriate coach.
- C. A Student athlete may be dismissed from the team if he/she does not ride to home/ school on the BESD transportation or signed out by guardian.

IV. Practice

- A.** All student athletes are required to attend all practices. Practice begins 15 minutes after dismissal and will last no longer than 90 minutes. Practices will be on Monday, Tuesday, Thursday and Friday. Wednesday practices are optional and will only be held with permission of the Athletic Director. Wednesday practice times are at the coach's discretion. After the games begin, practice will be every Monday and Friday. If a player must miss a practice due to an excused absence, he or she must tell the coach in advance.
- B.** All student athletes are required to wear appropriate practice attire: T-shirt, athletic shorts, and athletic shoes. Remember that the school dress code applies.
- C.** Student athletes are required to show respect to their teammates and coaches at all times. Full attention should be given to the coach and players should participate appropriately in all exercises and drills. Athletes should never leave the gym without permission from the appropriate coach.
- D.** Facilities should be cared for properly and left in the same condition as found.

V. Games

- A.** Players are expected to attend every game for which they are eligible. If a player must miss a game for any reason, he or she must notify the head coach in advance. Playing time is at the discretion of the coach.
- B.** Student athletes are required to report to the head coach directly after being released from class in order to prepare for games. If there are games scheduled before or after a team's start time, then the entire team is required to sit in a designated area with the coach. Any players not sitting with the team before or after games will not play in their next game.
- C. Sportsmanship**
 - 1. Honor the rules and respect the decisions of the officials.
 - 2. All interactions between student athletes and officials will be positive and professional.
 - 3. Before, during, and after games student athletes are expected to display exemplary sportsmanship.
 - 4. Follow all PBIS school rules.
 - 5. Displaying any unsportsmanlike conduct will result in a disciplinary action such as suspension or removal from Buckeye Elementary School District Athletics.
 - 6. If a student athlete is removed from a game by ejection, the student will miss the following game.

VI. Uniforms/Equipment

- 1. Uniforms and equipment should be treated with respect and cared for to prevent damage.
- 2. Parents/Guardians of athletes will be held financially responsible for any lost or damaged uniforms or equipment that have been checked out to or used by their athlete.
 - a) No equipment other than team uniforms should ever leave the gym with a player.
 - b) The parent/guardian will be responsible for paying for any lost or damaged uniforms or equipment if not turned in within a week after the season has ended.

PARENT/GUARDIAN GUIDELINES

I. Involvement

- A. Much of the success of any athletic program depends on the encouragement, support, and involvement of the parents/guardians.
- B. Parents/guardians are invited to attend all games. However, it is not appropriate for parents/guardians to sit on team benches or talk to players or coaches during a game.

II. Parent/Guardian and Coach Communication

- A. Although coaches are willing to discuss playing time with parents/guardians, please keep in mind that the final decision on playing time is always left up to the coach. Although our goal is to help each player meet his or personal potential, no player is guaranteed any set amount of playing time in games.
- B. Games can be an emotional and stressful time for a coach. We ask that parents/guardians who have an issue to discuss with a coach do so at a scheduled meeting 24 hours after the game is completed, and not before, during, or right after a game.
- C. The appropriate procedure for discussing any issue or problem with a coach is to speak directly with the coach first. If there is not a satisfactory resolution, the next step is to meet with the coach and the athletic director. Only after the first two attempts should you speak with the school administrator about an athletic issue.

III. Sportsmanship

- A. Before, during, and after games each parent and fan is expected to display exemplary sportsmanship.
- B. Arguing with officials, coaches, other fans, or athletes at any time will not be tolerated. If any unsportsmanlike behavior is displayed, that individual is subject to removal from the campus with or without a warning.
- C. Taunting or harassing officials, coaches, other fans, or athletes will not be tolerated and is subject to removal from the campus with or without a warning.
- D. Displaying any unsportsmanlike conduct may result in a suspension from athletic events, for that individual, for the remainder of the season or the school year.

Buckeye Elementary School District

Please sign and return this page to your daughter's/ son's Head Coach before participating in any practices or games. Please keep this Handbook for your records in case you or your student athlete need to refer back to it at any time.

Student name: _____ Grade: _____

School: _____ Homeroom Teacher: _____

I have read the Buckeye Elementary School District Athletic Handbook and understand I am to abide by the guidelines stated in the Athletics Handbook.

Signature of Student Athlete

Date

I have read the Buckeye Elementary School District Athletic Handbook and will abide by the guidelines stated in the Athletics Handbook, I also agree to pay the exact fee for any uniform or equipment that my child loses or damages.

Signature of Parent/ Guardian

Date

Thank you so much for your support throughout the season!

(The parent or guardian should fill out this form with assistance from the student-athlete)

Exam Date: _____

Name: _____
Home Address: _____
Phone: _____
Date of Birth: _____
Age: _____
Gender: _____
Grade: _____
School: _____
Sport(s): _____
Personal Physician: _____
Hospital Preference: _____

In case of emergency contact:

Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____

Name: _____
Relationship: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____

Explain "Yes" answers on the following page.
Circle questions you don't know the answers to.

Y N

- 1) Has a doctor ever denied or restricted your participation in sports for any reason?
- 2) Do you have an ongoing medical conditional (like diabetes or asthma)?
- 3) Are you currently taking any prescription or nonprescription (over-the-counter) medicines or supplements? (Please specify): _____
- 4) Do you have allergies to medicines, pollens, foods or stringing insects?
(Please specify): _____
- 5) Does your heart race or skip beats during exercise?
- 6) Has a doctor ever told you that you have (check all that apply):
High Blood Pressure A Heart Murmur High Cholesterol A Heart Infection
- 7) Have you ever spent the night in a hospital?
- 8) Have you ever had surgery?
- 9) Have you ever had an injury (sprain, muscle/ligament tear, tendinitis, etc.) that caused you to miss a practice or game? (If yes, check affected area in the box below in question 11)
- 10) Have you had any broken/fractured bones or dislocated joints?
(If yes, check affected area in the box below in question 11):
- 11) Have you had a bone/joint injury that required X-rays, MRI, CT, surgery, injections, rehabilitation physical therapy, a brace, a cast or crutches? (If yes, check affected area in the box below):

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm
Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh
Knee	Calf/Shin	Ankle	Foot/Toes		

Y N

- 12) Have you ever had a stress fracture?
- 13) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?
- 14) Do you regularly use a brace or assistive device?
- 15) Has a doctor told you that you have asthma or allergies?
- 16) Do you cough, wheeze or have difficulty breathing during or after exercise?
- 17) Is there anyone in your family who has asthma?
- 18) Have you ever used an inhaler or taken asthma medication?
- 19) Were you born without, are you missing, or do you have a non-functioning kidney, eye, testicle or any other organ?
- 20) Have you had infectious mononucleosis (mono) within the last month?
- 21) Do you have any rashes, pressure sores or other skin problems?
- 22) Have you had a herpes skin infection?
- 23) Have you ever had an injury to your face, head, skull or brain (including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged")?
- 24) Have you ever had a seizure?
- 25) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?
- 26) While exercising in the heat, do you have severe muscle cramps or become ill?
- 27) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
- 28) Have you ever been tested for sickle cell trait?
- 29) Have you had any problems with your eyes or vision?
- 30) Do you wear glasses or contact lenses?
- 31) Do you wear protective eyewear, such as goggles or a face shield?
- 32) Are you happy with your weight?
- 33) Are you trying to gain or lose weight?
- 34) Has anyone recommended you change your weight or eating habits?
- 35) Do you limit or carefully control what you eat?
- 36) Do you have any concerns that you would like to discuss with a doctor?

Females Only**Explain "Yes" Answers Here**

Y N

- 37) Have you ever had a menstrual period?
- 38) How old were you when you had your first menstrual period? _____
- 39) How many periods have you had in the last year? _____

The physician should fill out this form with assistance from the parent or guardian.)

Student Name: _____

Date of Birth: _____

Patient History Questions: Please Tell Me About Your Child...

Y N

- 1) Has your child fainted or passed out DURING or AFTER exercise, emotion or startle?
- 2) Has your child ever had extreme shortness of breath during exercise?
- 3) Has your child had extreme fatigue associated with exercise (different from other children)?
- 4) Has your child ever had discomfort, pain or pressure in his/her chest during exercise?
- 5) Has a doctor ever ordered a test for your child's heart?
- 6) Has your child ever been diagnosed with an unexplained seizure disorder?
- 7) Has your child ever been diagnosed with exercise-induced asthma not well controlled with medication?

Explain "Yes" Answers Here

COVID-19...

Y N

- 1) Has your child been diagnosed with COVID-19?
 1a) If yes, is your child still having symptoms from their COVID-19 infection?
- 2) Was your child hospitalized as a result for complications of COVID-19?
- 3) Has your child been diagnosed with Multi-Inflammatory Syndrome in Children (MIS-C)?
- 4) Did your child have any special tests ordered for their heart or lungs or were referred to a heart specialist (cardiologist) to be cleared to return to sports?
- 5) Has your child returned back to full participation in sports?
- 6) Has your child had direct or known exposure to someone diagnosed with COVID-19 in the past 3 months?
 6a) Was your child tested for COVID-19?
- 7) Did your child receive the COVID-19 vaccine?
 7a) What was the manufacturer of the vaccine? _____
 7b) Date of vaccination(s) _____

Explain "Yes" Answers Here

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last two weeks, how often have you been bothered by any of the following problems? (circle responses)

	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.)

If you score a sum of 3 or greater on either questions 1 and 2, or 3 and 4, you may have anxiety or depression that is affecting you more than normal. In this case, it is recommended that you talk to a trusted health care provider such as your primary care physician, your athletic trainer at school, or a counselor at school. If there is not someone you feel comfortable talking to or you are interested in learning more to help yourself or a friend, please use the resources provided below.

For more information regarding student-athlete mental health:

[Quiet Suffering - A Resource for Student-Athlete Mental Health](https://spark.adobe.com/page/ILtwyoLpTAp0V/)

spark.adobe.com/page/ILtwyoLpTAp0V/

Teen Lifeline Call and Text Crisis Line

(602) 248-8336 (TEEN)

Outside Maricopa county call: 1-800-248-8336 (TEEN)

Hours are: Call 24/7/365 | Text weekdays 12-9 p.m. & weekends 3-9 p.m. | Peer counseling 3-9 p.m. daily

Crisis text line: Text HOME to 741741 to connect with a crisis counselor

National Suicide Prevention Lifeline

1-800-273-8255 or suicidepreventionlifeline.org

The Trevor Lifeline

866-488-7386 (for gender diverse youth)

Family History Questions: Please Tell Me About Any Of The Following In Your Family...

	Y	N
1) Are there any family members who had sudden/unexpected/unexplained death before age 50? (including SIDS, car accidents drowning or near drowning)		
2) Are there any family members who died suddenly of "heart problems" before age 50?		
3) Are there any family members who have unexplained fainting or seizures?		
4) Are there any relatives with certain conditions, such as:		
	Y	N
Enlarged Heart		
Hypertrophic Cardiomyopathy (HCM)		
Dilated Cardiomyopathy (DCM)		
Heart Rhythm Problems		
Long QT Syndrome (LQTS)		
Short QT Syndrome		
Brugada Syndrome		
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)		
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC)		
Marfan Syndrome (Aortic Rupture)		
Heart Attack, Age 50 or Younger		
Pacemaker or Implanted Defibrillator		
Deaf at Birth		

Explain "Yes" Answers Here

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

 Signature of Student-Athlete

 Signature of Parent/Guardian

 Date

 Signature of MD/DO/ND/NMD/NP/PA-C/CCSP

 Date

Name: _____ Date of Birth: _____

Age: _____ Sex: _____

Height: _____ Weight: _____

% Body Fat (optional): _____ Pulse: _____

BP: ____ / ____ (____ / ____ , ____ / ____)

Corrected: Y N

Vision: R20/____ L20/____

Pupils: Equal Unequal

	Normal	Abnormal Findings	Initials *
Medical			
Appearance			
Eyes/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary &			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

* - Multi-examiner set-up only | & - Having a third party present is recommended for the genitourinary examination

NOTES:

Cleared Without Restriction

Cleared With Following Restriction: _____

Not Cleared For: All Sports Certain Sports: _____ Reason: _____

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

Recommendations: _____

Name of Physician (Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

Signature of Physician: _____, MD/DO/ND/NMD/NP/PA-C/CCSP

Arizona Interscholastic Association, Inc.
Mild Traumatic Brain Injury (MTBI) / Concussion
Annual Statement and Acknowledgement Form

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____ Date: _____

Parent or legal guardian must print and sign name below and indicate date signed:

Print Name: _____ Signature: _____ Date: _____

2023-24 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 Arizona Interscholastic Association (AIA), _____ (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/AIA, 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, physician, physician assistant or nurse practitioner licensed by the state of Arizona (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 Arizona 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 designate

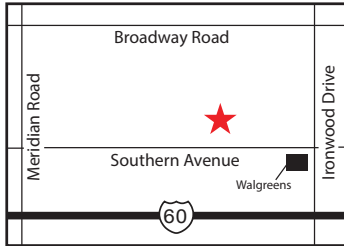
PLEASE PRINT LEGIBLY OR TYPE

"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.

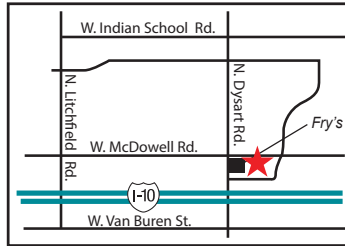
I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities 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 Arizona 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/AIA.

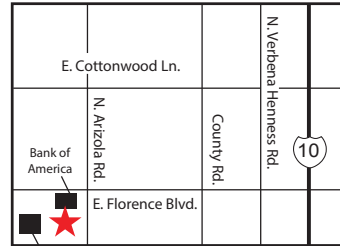
Date: _____ Signature: _____



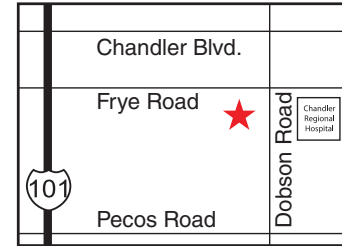
Apache Junction • 85120
 2080 West Southern Ave., Suite #A1



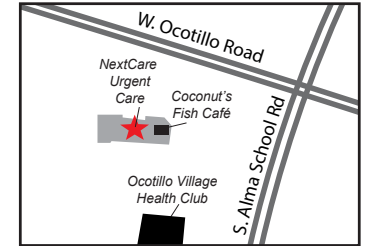
Avondale • 85392
 13075 W. McDowell Rd., Suite #D106



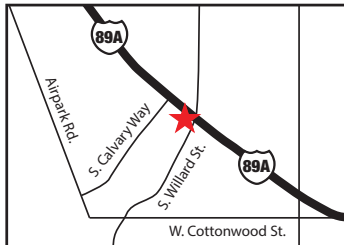
Casa Grande • 85122
 1683 E. Florence Blvd., Suite #7



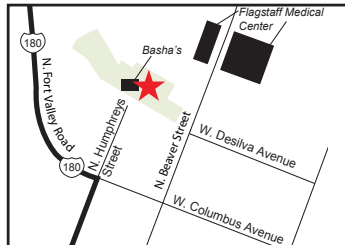
Chandler • 85224
 600 S. Dobson Road, Suite #C-26



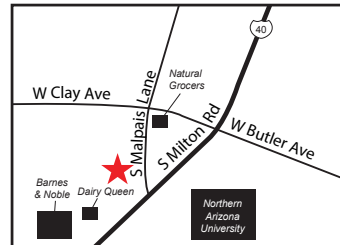
Chandler • 85248
 1155 W. Ocotillo Road, Suite #4



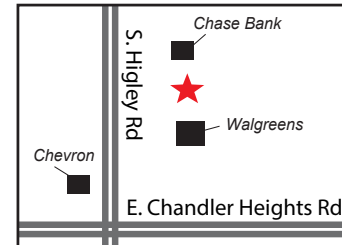
Cottonwood • 86326
 450 S. Willard Street, Suite #120



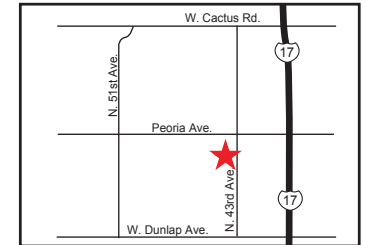
Flagstaff • 86001
 1000 N. Humphreys St., Suite #104



Flagstaff • 86001
 399 S. Malpais Lane, Suite #100



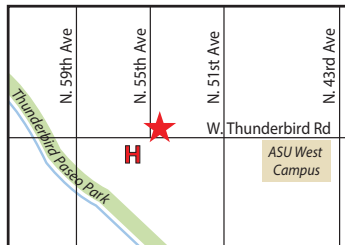
Gilbert • 85298
 6343 S. Higley Road



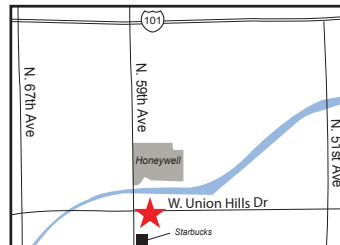
Glendale • 85302
 10240 N. 43rd Ave., Suite #3



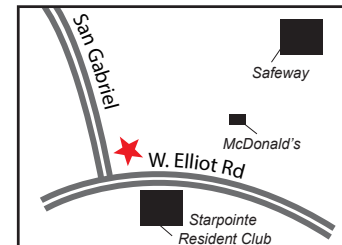
Glendale • 85305
 9494 W. Northern Ave., Suite #101



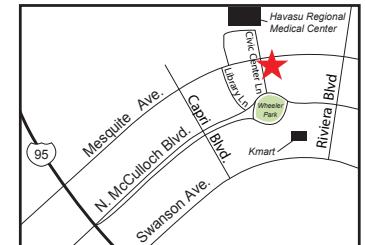
Glendale • 85306
 5410 W. Thunderbird Road, Suite #101



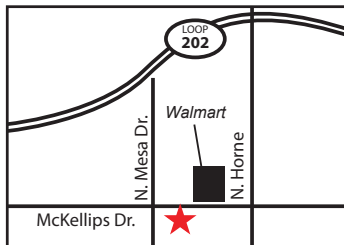
Glendale • 85308
 18589 N. 59th Ave., Suite #101



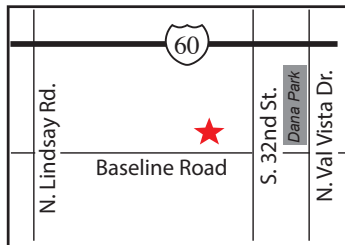
Goodyear • 85338
 17688 W. Elliot Road



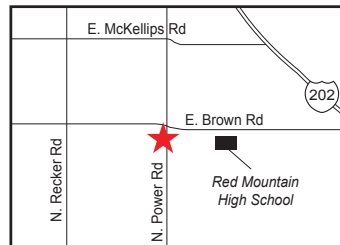
Lake Havasu City • 86403
 1810 Mesquite Ave., Suite B



Mesa • 85203
 535 E. McKellips Road, Suite #101



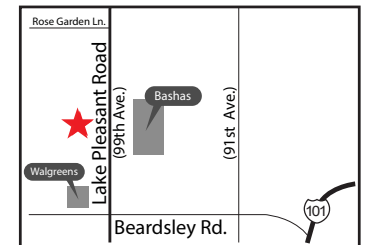
Mesa • 85204
 3130 E. Baseline Road, Suite #105



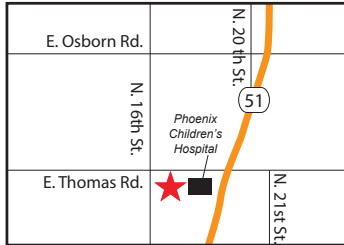
Mesa • 85205
 1066 N. Power Road, Suite #101



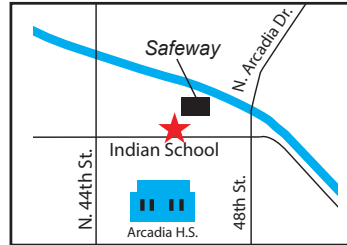
Nogales • 85621
 298 W. Mariposa Road



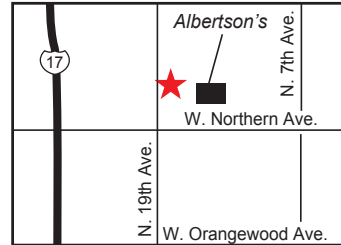
Peoria • 85382
 20470 N. Lake Pleasant Rd., Suite #102



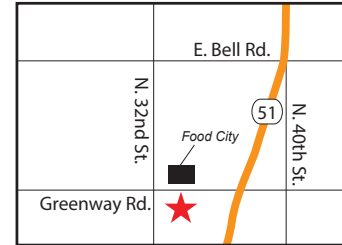
Phoenix • 85016
1701 E. Thomas Road, Suite #A104



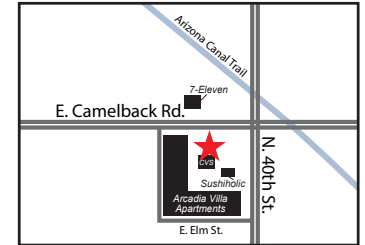
Phoenix • 85018
4730 E. Indian School Rd., Suite #211



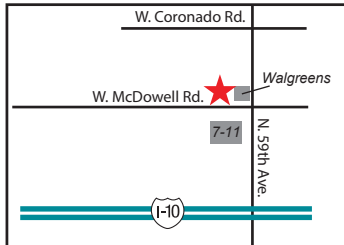
Phoenix • 85021
8101 N. 19th Ave., Suite #A



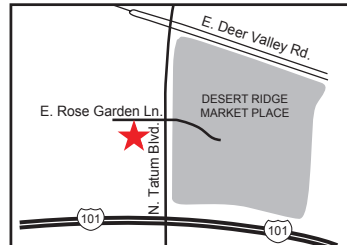
Phoenix • 85032
3229 E. Greenway Rd., Suite #102



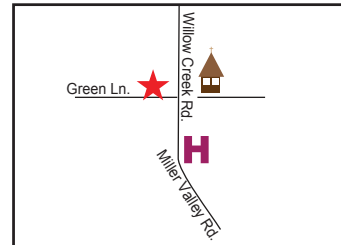
Phoenix • 85018
3931 E. Camelback Road



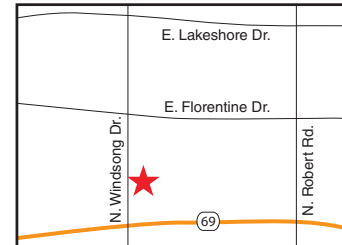
Phoenix • 85035
5920 W. McDowell Road



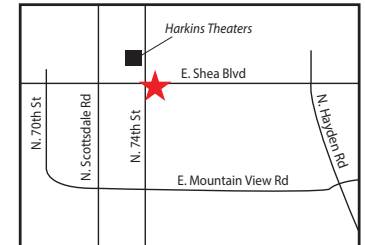
Phoenix • 85050
20950 N. Tatum Blvd., Suite #190



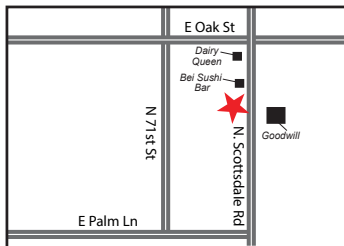
Prescott • 86301
2062 Willow Creek Road



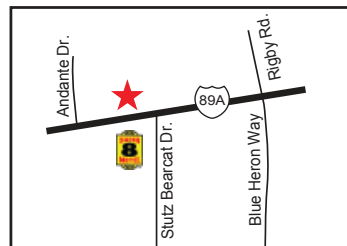
Prescott Valley • 86314
3051 N. Windsong Drive



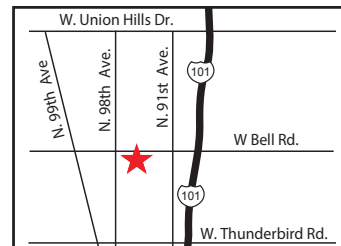
Scottsdale • 85260
7425 E. Shea Blvd., Suite #108



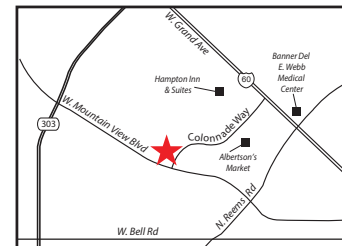
Scottsdale • 85257
2122 N. Scottsdale Road



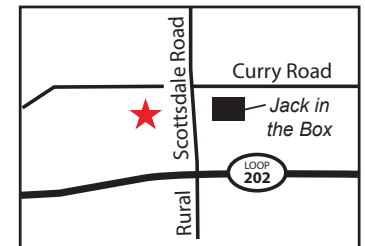
Sedona • 86336
2530 W. SR 89A, Suite #A



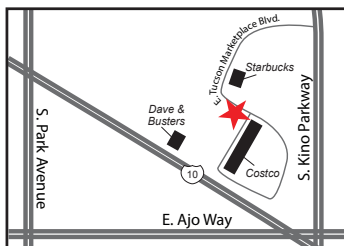
Sun City • 85351
9745 W. Bell Road, Suite #105



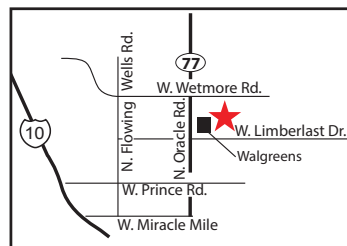
Surprise • 85374
14800 W. Mtn. View Blvd., Suite #100



Tempe • 85281
914 N. Scottsdale Rd., Suite #104



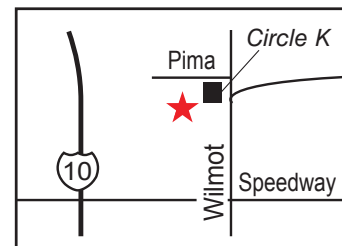
Tucson • 85713
1570 E. Tucson Marketplace Blvd.



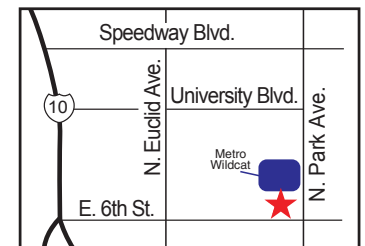
Tucson • 85705
4280 North Oracle Rd., Suite #100



Tucson • 85706
5369 S. Calle Santa Cruz, Suite #145



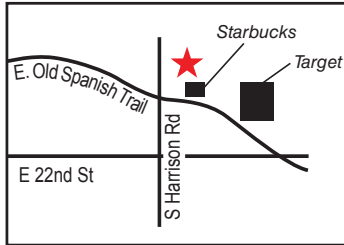
Tucson • 85712
6238 E. Pima Street



Tucson • 85719
501 North Park Ave., Suite #110

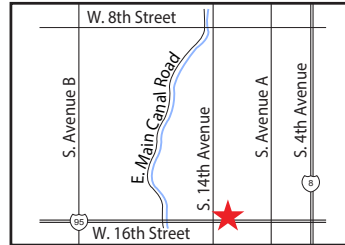


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