



SPORTS MEDICINE PROGRAM Parental Consent, Acknowledgement, and Release Form

(Must be completed by parent/guardian; in the event of parental divorce or separation, parent with legal custody must sign)

Student Name _____ Gender M/F Age _____ School: _____ Grade: _____
Home Address: _____ Home Phone: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____ Sports Participating in: _____
Parent Email Address: _____

CONSENT

As parent or legal guardian of the above named student-athlete, my signature below grants consent for Carolina Orthopedics Licensed Athletic Trainer(LAT) and/or attending physician to perform: (Please initial on the line to the left acknowledging you have read and understand the following)

- ____ 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.
____ 3. Topical applications (ie. Bacitracin, ointment, hydrocortisone cream, anti-fungal creams etc.)
____ 4. Oral antacids (ie. Tums, Rolaids, etc), and over the counter heat illness preventatives (glucose tabs, electrolyte tabs, and/or heat guard)

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENT and RELEASE

Please initial on the line to the left, acknowledging you have read and understand the following:

- ____ 1. I acknowledge that my son/daughter understands the risks involved in High School athletic participation; understands 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 such activities.
____ 2. With full understanding of the risks involved, I release and hold harmless the athletic trainers, physicians, and Carolina Orthopedics 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 athletic trainers, physicians and Carolina Orthopedics because of any accident or mishap involving such athletic participation by my son/daughter.
____ 3. 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, and school nurse and school corporation administration to facilitate proper care of the athlete. I give my permission for the athletic trainers, physicians or Carolina Orthopedics staff to receive medical information about the above named student-athlete from outside providers, only if needed for continuation of care or release back to sports.

I HAVE READ THIS CAREFULLY AND UNDERSTAND IT CONTAINS A MEDICAL RELEASE OF INFORMATION. I will be provided a copy of the Carolina Orthopedics Notice of Privacy Practices upon my request.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

TO BE COMPLETED BY ATHLETIC TRAINER

Emergency Information Sheet

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/Guardian Name _____ Contact # _____

Father's Name _____ Contact # _____

Emergency Contact (Outside the Home)

Name: _____ Relationship: _____ Contact # _____

Pertinent Medical Information:

Insurance Company: _____

Family Physician: _____ Phone # _____

Medical Conditions

- A. Known Allergies: _____
B. Known medical conditions, [ie cardiac, asthma, special conditions including sickle cell, diabetes, missing organs etc]
C. Previous Surgeries or Broken Bones _____
D. Current Medications _____