



ESTUDIANTE ID #:

MARQUE TODAS LAS QUE APLICAN						OFFICE USE ONLY/ USO DE OFICINA SOLAMENTE			
BADMINTON	CAMPO TRAVIESA	FÚTBOL (SOCCER)	NATACIÓN/ CLAVADOS	VOLEIBOL		EMERGENCY CARD		CLEARANCE ISSUED	
BÉISBOL	FÚTBOL AMERICANO	SOFTBALL	TENIS	LUCHA LIBRE		I C VIDEO		PHYSICAL	
BALONCESTO	GOLF	SPIRITLINE	PISTA	UNIFICADO		BRAIN BOOK		DATE COMPLETED	

POR FAVOR LEA CUIDADOSAMENTE Y COMPLETAR TODAS LAS PÁGINAS Y LAS LÍNEAS DE LA FIRMA

Nombre del estudiante:	Fecha de nacimiento: / /	Género:	Grado:
Domicilio:	Ciudad:	Código postal:	
Nombre de uno de los padres:	Teléfono de casa:	Teléfono celular:	
Nombre del tutor legal (si no vive con los padres):	Parentesco:	Teléfono:	
Escuela(s) a la(s) que asistió el año pasado:			

SI NO SE PUEDE CONTACTAR A LOS PADRES/TUTORES LEGALES EN CASO DE UNA EMERGENCIA, PUEDEN COMUNICARSE CON:

Nombre:	Teléfono de casa:	Teléfono celular:
Médico primario:	Médico Teléfono:	

Hospital de preferencia: Alergias:

Por medio de la presente doy permiso a los entrenadores o médicos del equipo, de usar su juicio para asegurar ayuda médica en caso de emergencia.
Seguro Médico: Estudiante atleta debe tener seguro médico. EL DISTRITO ESCOLAR UNIFICADO DE PARADISE VALLEY NO PROVEE SEGURO MEDICO PARA ESTUDIANTES ATLETAS. Los padres deben obtener seguro médico, ya que ellos son responsables de los gastos médicos que resulten de la participación en actividades deportivas. Los padres de familia deben proporcionar la información del seguro para ayudar a los entrenadores, instructores, al personal deportivo y al equipo médico en caso de que un alumno deportista requiera asistencia médica debido a una lesión.

He comprado el seguro escolar:	<input type="checkbox"/> SÍ	<input type="checkbox"/> NO	Tengo mi propio seguro:	<input type="checkbox"/> SÍ	<input type="checkbox"/> NO
Compañía de seguros:	Numero De Poliza:				

BRAINBOOK: Por requisito de la AIA (Arizona Interscholastic Asociación), todos los deportistas deben tomar el curso en línea de educación sobre conmociones cerebrales, tomar el examen al finalizar el curso y obtener un puntaje mínimo de 80% antes de que se les permita competir en un deporte. Deben de imprimir el certificado d cumplimiento y entregarlo a la escuela. El sitio web para tomar el curso es: <https://aiaacademy.org/>. Solo es necesario tomar el curso una vez antes de su primera participación en actividades deportivas en el distrito escolar.

Consentimiento para que se realicen análisis antidrogas a los estudiantes: HE/HEMOS RECIBIDO, LEIDO Y COMPRENDIDO el Manual para los padres y alumnos sobre el Consentimiento Informado y Normas y procedimientos de las pruebas de detección de drogas al azar del Distrito Escolar Unificado Paradise Valley. Daré permiso a mi hijo(a) de participar en este programa contra drogas durante el tiempo que forme parte del equipo de deportistas de la escuela secundaria del Distrito Escolar Unificado Paradise Valley, y por la presente me adhiero voluntariamente a los términos del Programa de Prevención de drogas. Acepto el método para obtener muestras de orina, pruebas y análisis de dichas muestras y todos los otros aspectos del programa. Estoy de acuerdo en cooperar proporcionando las muestras que pudieran requerirse de vez en cuando. También estoy de acuerdo y doy permiso de revelar las muestras, pruebas y resultados como lo indica el programa. Doy este consentimiento de conformidad con los estatutos estatales y federales referentes a la privacidad y las provisiones constitucionales y de la ley común sobre la privacidad y es una exención del derecho a no revelar dichas pruebas y resultados, sol hasta el punto en que lo autorice el programa.

Permiso De Transporte: Doy/Damos permiso al distrito escolar de transportar a nuestro(a) hijo(a) en vehículos de distrito a juegos o practicas fuera de la escuela según sea necesario.

Uso del equipo: El alumno deportista tiene la responsabilidad de cuidar y devolver todo el equipo que la escuela secundaria le asigno. ENTIENDO/ENTENDEMOS y estamos de acuerdo con que todo el equipo asignado a nuestro(a) hijo(a) es propiedad de las escuela secundaria y debe devolverse en buenas condiciones. Todo equipo perdido, dañado o robado debe ser reemplazado y por lo tanto, es necesario reembolsar al Departamento de Deportes dicho costo.

Código de conducta/manual para padres y estudiantes: /HE/HEMOS leído y comprendemos la información del Manual sobre el consentimiento informado, incluyendo la declaración de acuerdo de PVUSD y el Código de conducta de la secundaria, y do fe del cumplimiento de todas las reglas y requerimientos para los deportistas, que se encuentran en el manual.

Autorización de usar el nombre Y/O Fotografías: Excepto si aparece mi firma en la línea de abajo del párrafo en negritas, DOYDAMOS autorización para que el distrito escolar tome fotografías de mi/nuestro hijo(a) durante su participación en eventos deportivos y que dicho material fotográfico sea utilizado en diferentes publicaciones y formatos de los medios de comunicación, incluyendo, pero no limitado a páginas Web, artículos en el periódico, publicaciones y/o boletines informativos de distrito escolar. YO/NOSOTROS también aceptamos que en estas fotografías se identifique a mi/nuestro hijo(a) con su nombre completo. Por medio de mi/nuestra firma a continuación, notificamos que no queremos que el distrito escolar utilice el nombre y/o la imagen de mi/nuestro hijo(a) en ningún formato o publicación y por la presente yo/nosotros no otorgamos permiso descrito en el párrafo inmediatamente anterior.

FIRMA DE UNO DE LOS PADRES/TUTOR LEGAL:	FECHA:
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Vídeo de consentimiento de los padres en caso de lesiones deportivas: Antes de participar en el primer evento deportivo organizado por el distrito escolar, cada alumno junto con uno de sus padres **tienen que ver**, en línea el video Parent Consent Sports Injury Video sobre el consentimiento de los padres en caso de lesiones deportivas. Para ver este video visiten <https://www.youtube.com/watch?v=rTJR9KNVWQ&feature=youtu.be>.

Al Firmar Aquí Confirмо que mi hijo(a) y yo vimos el video, y entendemos los riesgos de participar en los deportes del distrito.

FIRMA DE UNO DE LOS PADRES/TUTOR LEGAL:	FECHA:
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DECLARACION

HE/HEMOS LEIDO, COMPRENDEMOS Y CUMPLIREMOS CON LAS AFIRMACIONES CONTENIDAS EN TODAS LAS PAGINAS DE ESTE PAQUETE.

FIRMA DE UNO DE LOS PADRES/TUTOR LEGAL:	FECHA:
FIRMA DEL ESTUDIANTE:	FECHA:



ARIZONA INTERSCHOLASTIC ASSOC.
7007 N. 18TH ST., PHOENIX, AZ 85020
PHONE: (602) 385-3810

2024-25
ANNUAL PREPARTICIPATION
PHYSICAL EVALUATION



EXCLUSIVE URGENT CARE
PARTNER OF THE AIA

(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: _____
Sex Assigned at Birth: _____
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) List past and current medical conditions: _____																				
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 stinging 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 had surgery? (Please list): _____																				
8) 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 10)																				
9) Have you had any broken/fractured bones or dislocated joints? (If yes, check affected area in the box below in question 10):																				
10) 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):																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 16.6%;">Head</td> <td style="width: 16.6%;">Neck</td> <td style="width: 16.6%;">Shoulder</td> <td style="width: 16.6%;">Upper Arm</td> <td style="width: 16.6%;">Elbow</td> <td style="width: 16.6%;">Forearm</td> </tr> <tr> <td>Hand/Fingers</td> <td>Chest</td> <td>Upper Back</td> <td>Lower Back</td> <td>Hip</td> <td>Thigh</td> </tr> <tr> <td>Knee</td> <td>Calf/Shin</td> <td>Ankle</td> <td>Foot/Toes</td> <td></td> <td></td> </tr> </table>	Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh	Knee	Calf/Shin	Ankle	Foot/Toes				
Head	Neck	Shoulder	Upper Arm	Elbow	Forearm															
Hand/Fingers	Chest	Upper Back	Lower Back	Hip	Thigh															
Knee	Calf/Shin	Ankle	Foot/Toes																	



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PHYSICAL EVALUATION



EXCLUSIVE URGENT CARE
PARTNER OF THE AIA

Y N

- 11) Have you ever had a stress fracture?
- 12) Have you ever been told that you have, or have you had an X-ray for atlantoaxial (neck) instability?
- 13) Do you regularly use a brace or assistive device?
- 14) Has a doctor told you that you have asthma or allergies?
- 15) Do you cough, wheeze or have difficulty breathing during or after exercise?
- 16) Have you ever used an inhaler or taken asthma medication?
- 17) Do you have groin or testicular pain, or a painful bulge or hernia in the groin area?
- 18) Were you born without, are you missing, or do you have a non-functioning kidney, eye, testicle or any other organ?
- 19) Have you had infectious mononucleosis (mono) within the last month?
- 20) Do you have any rashes, pressure sores or other skin problems?
- 21) Have you had a herpes skin infection?
- 22) 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")?
- 23) Have you ever had a seizure?
- 24) Have you ever had numbness, tingling or weakness in your arms or legs after being hit, falling, stingers or burners?
- 25) While exercising in the heat, do you have severe muscle cramps or become ill?
- 26) Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
- 27) Have you ever been tested for sickle cell trait?
- 28) Are you happy with your weight?
- 29) Are you trying to gain or lose weight?
- 30) Has anyone recommended you change your weight or eating habits?
- 31) Do you limit or carefully control what you eat?
- 32) 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?	_____	

AIA

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2024-25
ANNUAL PREPARTICIPATION
PHYSICAL EVALUATION

NextCare
URGENT CARE

EXCLUSIVE URGENT CARE
PARTNER OF THE AIA

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

Student Name: _____

Date of Birth: _____

Patient History Questions: Please Share 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) Was your child hospitalized as a result for complications of COVID-19?
- 2) Has your child had any long-term complications from COVID-19?
- 3) 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?

Explain "Yes" Answers Here



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2024-25
ANNUAL PREPARTICIPATION
PHYSICAL EVALUATION



EXCLUSIVE URGENT CARE
PARTNER OF THE AIA

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/lltwyoLpTAp0V/)
spark.adobe.com/page/lltwyoLpTAp0V/

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)



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2024-25
ANNUAL PREPARTICIPATION
PHYSICAL EXAMINATION



EXCLUSIVE URGENT CARE
PARTNER OF THE AIA

Name: _____ Date of Birth: _____
 Age: _____ Sex: _____
 Height: _____ Weight: _____
 % Body Fat (optional): _____ Pulse: _____
 BP: ____ / ____ (____ / ____, ____ / ____)
 Vision: R20/____ L20/____ Corrected: Y N
 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: _____



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2024-25

CONSENT TO TREAT FORM



**EXCLUSIVE URGENT CARE
PARTNER OF THE AIA**

2024-25 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

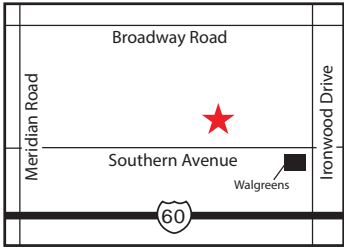
PLEASE PRINT LEGIBLY OR TYPE

"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.

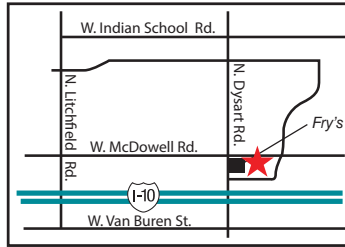
I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities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

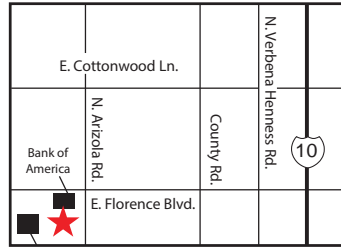
Date: _____ Signature: _____



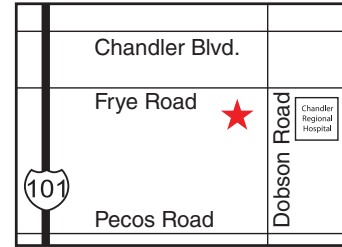
Apache Junction • 85120
2080 West Southern Ave., Suite #A1



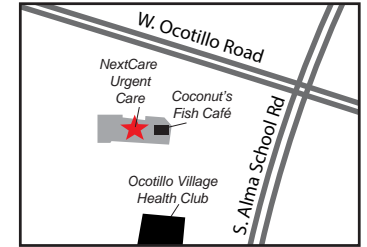
Avondale • 85392
13075 W. McDowell Rd., Suite #D106



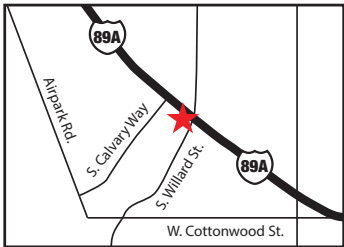
Casa Grande • 85122
1683 E. Florence Blvd., Suite #7



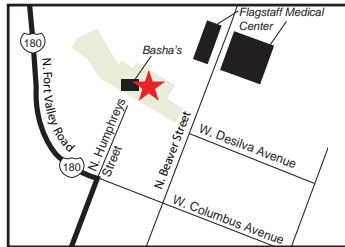
Chandler • 85224
600 S. Dobson Road, Suite #C-26



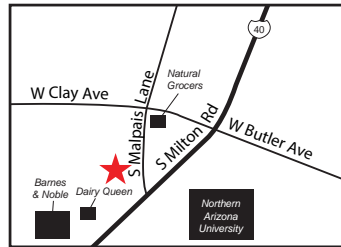
Chandler • 85248
1155 W. Ocotillo Road, Suite #4



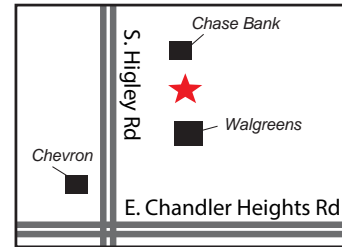
Cottonwood • 86326
450 S. Willard Street, Suite #120



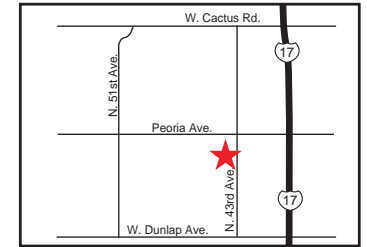
Flagstaff • 86001
1000 N. Humphreys St., Suite #104



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



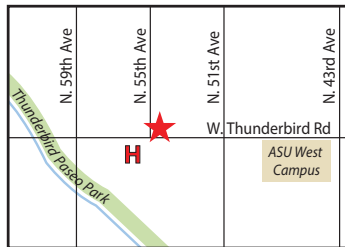
Gilbert • 85298
6343 S. Higley Road



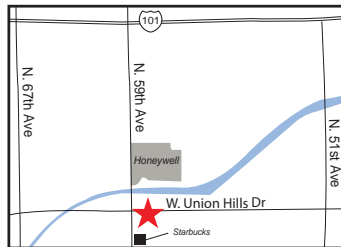
Glendale • 85302
10240 N. 43rd Ave., Suite #3



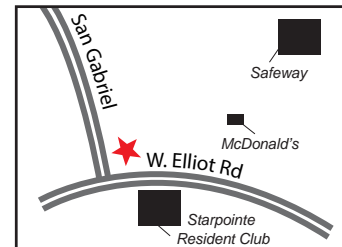
Glendale • 85305
9494 W. Northern Ave., Suite #101



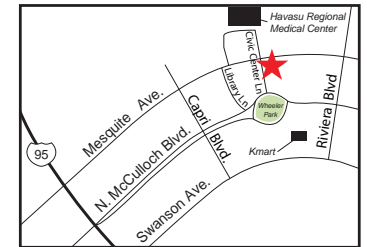
Glendale • 85306
5410 W. Thunderbird Road, Suite #101



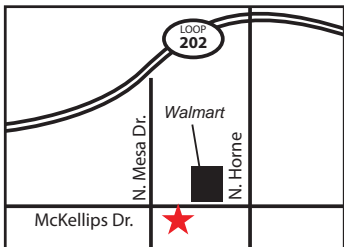
Glendale • 85308
18589 N. 59th Ave., Suite #101



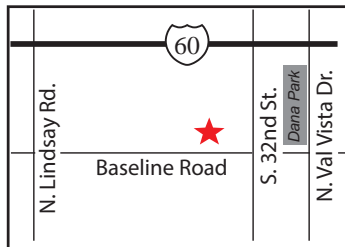
Goodyear • 85338
17688 W. Elliot Road



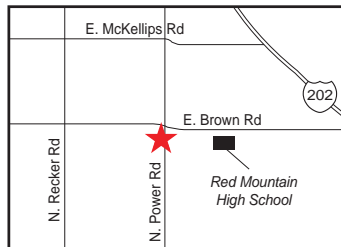
Lake Havasu City • 86403
1810 Mesquite Ave., Suite B



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



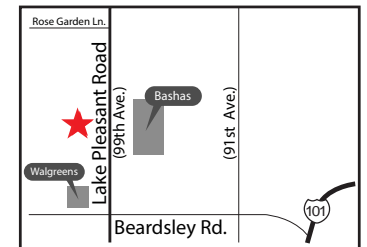
Mesa • 85204
3130 E. Baseline Road, Suite #105



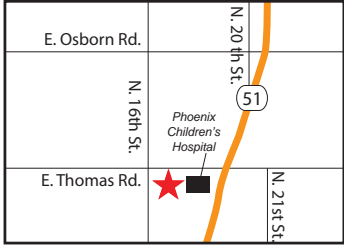
Mesa • 85205
1066 N. Power Road, Suite #101



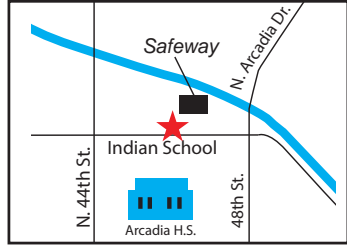
Nogales • 85621
298 W. Mariposa Road



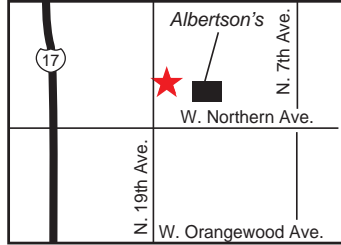
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20470 N. Lake Pleasant Rd., Suite #102



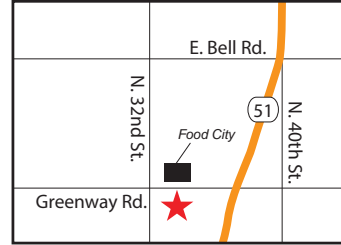
Phoenix • 85016
1701 E. Thomas Road, Suite #A104



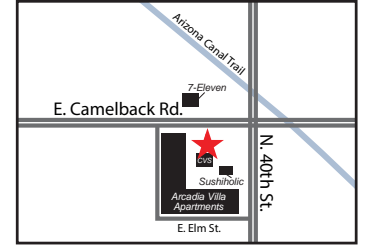
Phoenix • 85018
4730 E. Indian School Rd., Suite #211



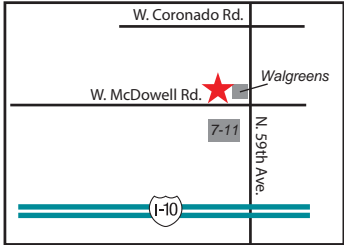
Phoenix • 85021
8101 N. 19th Ave., Suite #A



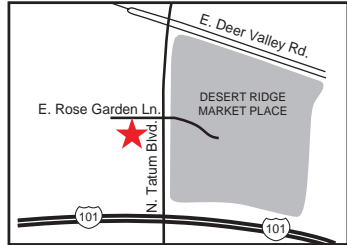
Phoenix • 85032
3229 E. Greenway Rd., Suite #102



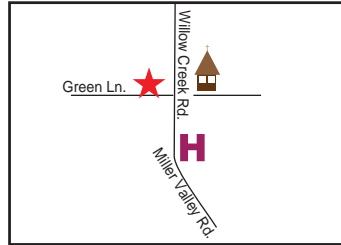
Phoenix • 85018
3931 E. Camelback Road



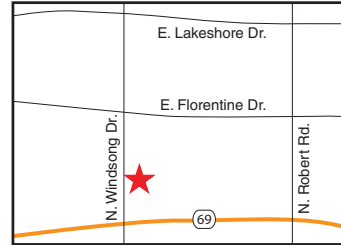
Phoenix • 85035
5920 W. McDowell Road



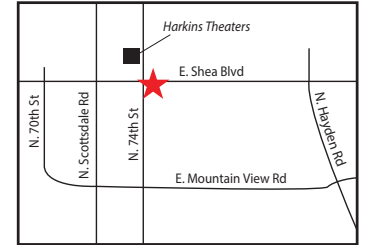
Phoenix • 85050
20950 N. Tatum Blvd., Suite #190



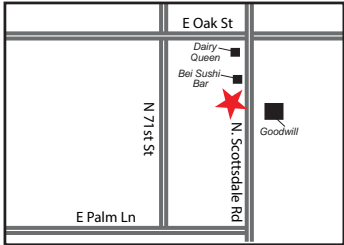
Prescott • 86301
2062 Willow Creek Road



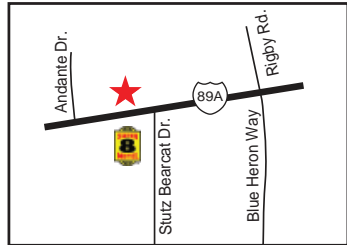
Prescott Valley • 86314
3051 N. Windsong Drive



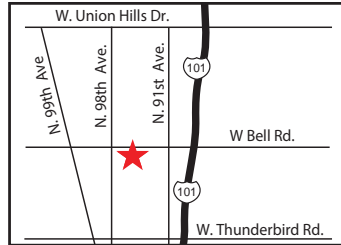
Scottsdale • 85260
7425 E. Shea Blvd., Suite #108



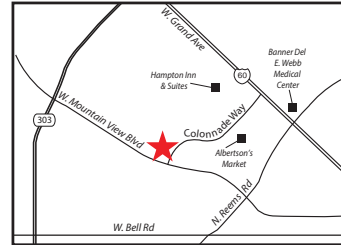
Scottsdale • 85257
2122 N. Scottsdale Road



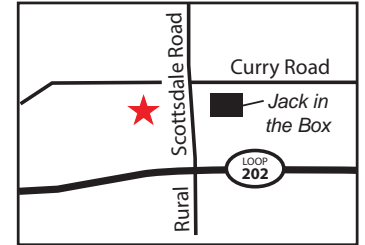
Sedona • 86336
2530 W. SR 89A, Suite #A



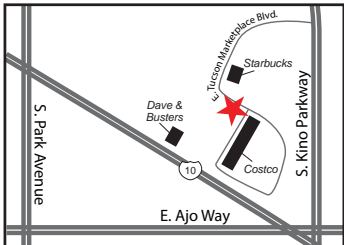
Sun City • 85351
9745 W. Bell Road, Suite #105



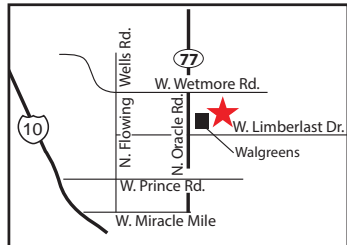
Surprise • 85374
14800 W. Mtn. View Blvd., Suite #100



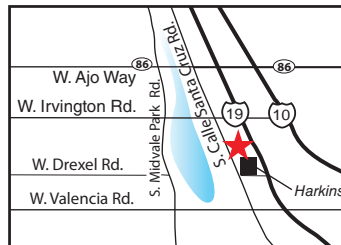
Tempe • 85281
914 N. Scottsdale Rd., Suite #104



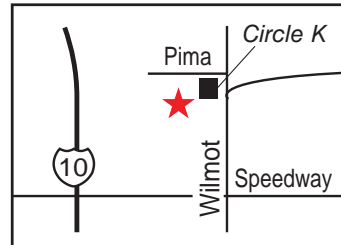
Tucson • 85713
1570 E. Tucson Marketplace Blvd.



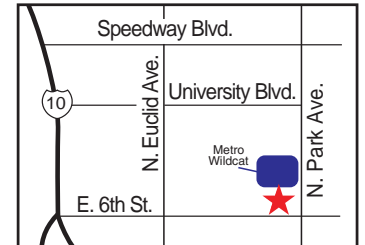
Tucson • 85705
4280 North Oracle Rd., Suite #100



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



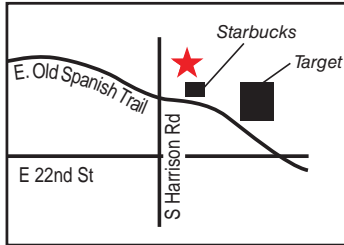
Tucson • 85712
6238 E. Pima Street



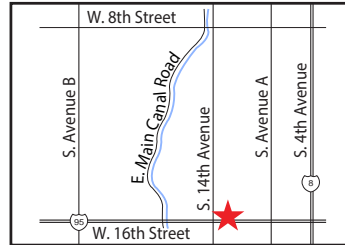
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NORTH CANYON

PINNACLE

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SHADOW MOUNTAIN

PARADISE VALLEY

CONSENTIMIENTO PARA TRATAR AL DEPORTISTA EN CASO DE EMERGENCIA

ATHLETICS CONSENT FOR EMERGENCY CARE/TREATMENT

Nombre del alumno:		
Fecha de Nacimiento: / /	No. De Identificación del Alumno:	Grado:
Deporte(s) de Otoño:	Deporte(s) de Invierno:	Deporte(s) de Primavera:

En caso de que ocurra una lesión deportiva o enfermedad al alumno deportista anteriormente mencionado durante su participación en una actividad deportiva autorizada en un plantel del Distrito Escolar Unificado Paradise Valley, doy mi autorización para que reciba cuidados adecuados y necesarios de un entrenador deportivo certificado o con licencia, médico u otro proveedor de servicios de salud que represente la División de Terapia Física para Pacientes no Internados del Hospital *Banner*. Adicionalmente, en el caso de que ocurra una emergencia médica y no se me pueda contactar, autorizo que el representante de salud de Terapia Física de *Banner* ordene que sea trasladado por servicio de ambulancia a las instalaciones médicas más cercanas. Asimismo, autorizo que el personal de dichas instalaciones médicas proporcione el tratamiento que considere necesario para el bienestar y salud del alumno deportista.

Nombre del padre de familia o tutor legal:		
Dirección:		
Números de teléfono del padre:	Primario:	Secundario:
Números de teléfono de la madre:	Primario:	Secundario:
EN CASO DE EMERGENCIA Y NO SE PUEDA CONTACTAR A LOS PADRES O TUTORES LEGALES, FAVOR DE CONTACTAR A:		
Nombre del pariente o amigo:	Teléfono:	
Nombre del pariente o amigo:	Teléfono:	
Médico Familiar:	Teléfono:	
Hospital:		
Compañía de Seguros:	Número de Póliza:	
FAVOR DE ANOTAR CUALQUIER CONDICIÓN MÉDICA/MEDICAMENTOS/ALERGIAS A CONTINUACIÓN:		

He leído con atención este acuerdo, entiendo el contenido en su totalidad y firmo por voluntad propia.

Firma del padre de familia/tutor legal: _____ Fecha: _____