



MEDICAL TREATMENT CONSENT FOR SPORTS MEDICINE SERVICES

I, _____, an athlete 18 years or older, or the parent/guardian of _____, understand that Henry Ford Health System is contracted by the school/team to provide sports medicine services. I hereby give consent for an Athletic Trainer, Physician, and/or other designated Henry Ford Health System and/or Bloomfield Hills Schools' staff to provide sports medicine services to the athlete indicated above.

Sports Medicine services include, but are not limited to: Injury and Illness prevention and wellness promotion, screening, examination, assessment and diagnosis, immediate and emergency care, and therapeutic intervention.

The Athletic Trainer, Physician, and/or other designated Henry Ford Health System and/or Bloomfield Hills Schools' staff will perform only those services that are within their training, credential limitations, and scope of professional practice. Additionally, they will adhere to MHSAA and/or applicable policies regarding the health, safety, and well-being of the athlete when delivering care. I understand that written records of all services provided will be confidentially maintained in the files of the school/team athletic training facility and belong to the school/team. All information regarding sports medicine services will be shared with the school/team.

Signature of Parent/Guardian or Athlete 18 years or Older: _____

Signature of Parent/Guardian Name (if under 18 years of age): _____

Athlete Name: _____

School student attends: _____

Sport(s) student will be participating in: _____

Today's Date: _____