Athlete's Name:________________________ **Sport(s):** ___________________________
PLEASE PRINT

School Year:_________________________ **Grade:**_____________________________

PLEASE READ THE FOLLOWING CONSENT FORMS CAREFULLY:
(If you are under 18 years of age, your parent/guardian must also sign)
The basic content of each is:

- **Part I**. Medical consent: Allows Hamilton Health Care System, Inc., its Affiliates, including Hamilton Medical Center, Inc. and Hamilton Physician Group, Inc. (collectively "Hamilton"), and their physicians, residents, advance practice providers, and medical staff to provide a pre-participation physical examination and to treat any injury or illness incurred by you while at (name of school) ______________________________________.

- **Part II**. Release of Information: Allows Hamilton and those associated with Hamilton to release and/or receive information concerning your pre-participation physical examination, and/or injuries to/from (name of school) ________________________ and its coaching staff, administrators, insurance carriers, and/or medical personnel and other medical facilities.

MEDICAL CONSENT - Part I

I hereby grant permission to the Hamilton medical staff to provide me with a pre-participation physical examination as required for the upcoming high school athletic season.

I hereby grant permission to Hamilton and team physicians, or other physicians designated by the above school to provide me with any medical care that they deem reasonably necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during athletic activities.

I further authorize the athletic trainers of Hamilton who are under the direction and guidance of a physician to provide me with any preventive, first-aid, rehabilitative or emergency treatment they deem reasonably necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during athletic activities.

If reasonably necessary to provide the care described in the preceding three paragraphs, I grant permission to Hamilton and/or school officials to seek necessary treatment at an accredited hospital.

______________________ ________
ATHLETE'S SIGNATURE DATE

I hereby grant permission on behalf of my minor son or daughter or my ward.

______________________ ________
PARENT OR GUARDIAN DATE
(If athlete is under 18 years of age)

AUTHORIZATION FOR RELEASE OF INFORMATION- Part II

A. I hereby authorize Hamilton to release medical information to team physicians, said school coaching staff, and/or its administrators, and insurance carriers concerning my pre-participation physical examination, and/or any illness or injury relative to my past, present, or future participation in athletics at said school.

B. I hereby authorize any medical facility, physician, or medical personnel whom has attended to me to disclose when requested by Hamilton any and all information regarding my illness or injury, medical history, consultation, diagnostic tests, treatment, recommendation, and copies of all hospital or medical records.

C. I understand that this authorization may extend to the release and disclosure of records and information related to sensitive behavioral or mental health services and treatment.

A photostatic copy of this authorization shall be considered valid and effective as the original.

I further understand I may revoke this Authorization by submitting a written revocation to Bradley Wellness Center, Attention: Hamilton Sports Medicine Department, P.O. Box 1168, Dalton, Georgia 30722-1168 or by email at BWC@hhcs.org. However, a submitted revocation shall not be effective with respect to any use or disclosure made by Hamilton in reliance on this Authorization prior to the date of Hamilton's receipt of my revocation.

_________________________ _______
ATHLETE'S SIGNATURE DATE

I hereby grant permission on behalf of my minor son or daughter or my ward.

__________________________ ________
SIGN PARENT OR GUARDIAN DATE
(If athlete is under 18 years of age)

____
PRINT PARENT OR GUARDIAN