AUTHORIZATION FOR SPORTS MEDICINE SERVICES AND CONSENT FOR TREATMENT

I, the undersigned, am the parent/legal guardian of _____, a minor and student at _____ who plans on participating in sports.

I understand that Mercy Hospital Springfield is contracted by the school to provide sports medicine services for the school's student-athletes. I hereby give consent for a certified athletic trainer to provide sports medicine services for the above minor. Sports medicine services provided to student athletes include, but are not limited: administering first aid for athletic injuries, clinical evaluation, assessment, and treatment and management of injuries and illnesses. The athletic trainer will perform only those procedures that are within their training, credential limitations and scope of professional practice to prevent, care for, and rehabilitate injuries and illnesses incurred by student athletes.

I, hereby authorize the athletic trainer who provides services to the above-named student athlete to disclose information about the athlete's injury assessments and post-injury status. I understand such disclosures will be done, as needed, with the involved coaching staff, Athletic Director of the school, the school nurse, and/or any treating healthcare provider.

I understand there is no charge to me for the above listed sports medicine services; however, additional injury treatment and/or prevention initiatives are my responsibility. If the athlete is in need of further treatment by a physician, or of rehabilitation services for the injury, he or she may see the provider of his/her choice.

Injured athletes that have been evaluated and/or treated by a physician must submit written clearance from that physician to the athletic trainer prior to the athlete being permitted to resume activity. In circumstances where an athlete has been removed from play because of a suspected head injury or concussion, the athlete will not be permitted to return to play until the athlete is evaluated by a qualified healthcare provider, receives written medical clearance and completes the return to play protocol.

This Authorization shall remain in effect for the school year beginning with the date set forth below.

Parent/Guardian Name: _____Signature: _____ Date: _____

Relationship to student-athlete: _____