

Presbyterian Sports Medicine

Permission to Treat / Emergency Contact Information

Release: In consideration of the student-athlete named below, I/we agree to release and hold Presbyterian Sports Medicine, its Certified/Licensed athletic trainers, and/or other related licensed health care providers free, harmless, and indemnified from and against any and all claims, suits, or causes of action arising from providing medical care to this student-athlete.

Parental Permission: As parent or legal guardian of _____, I hereby give my consent and grant permission for medical treatment deemed necessary for any conditions arising while participating in interscholastic athletics. These services may be rendered by Presbyterian Sports Medicine Certified/Licensed athletic trainers, and/or other licensed medical provider(s). In the event of my child's injury requires care not available at the scene, I understand every effort will be made to contact me prior to treatment at an appropriate off campus facility. I also grant permission for the Certified/Licensed athletic trainer to release any and all pertinent information to related health care providers, as well as those providers to release any and all pertinent information to the Certified/Licensed athletic trainer as regards care of the above named student-athlete. In addition, I agree to permit the Certified/Licensed athletic trainer and/or licensed health care provider to release any and all pertinent information regarding the above named student-athlete to the student-athlete's school personnel. These would include, but not limited to the coach, athletic director, administration, guidance counselors, and teachers on a need to know basis to best serve the needs of student-athlete.

Parent / Guardian: _____ **Date:** _____
(Sign)

Emergency Contact Information

Student's Name _____ Date of Birth _____

School _____

Parent / Guardian Name (Please Print) _____

Address _____

Home Phone _____ Email _____

Father / Guardian's Work Phone _____ Cell Phone _____

Mother / Guardian's Work Phone _____ Cell Phone _____

Medical Allergies: _____

Current Medications: _____

Past Serious Medical Conditions: _____