

HAYWOOD

REGIONAL MEDICAL CENTER

PARENT CONSENT FOR EXAMINATION AND TREATMENT

(This must be completed prior to your child participating in sports)

ATHLETE NAME _____ AGE _____ GRADE (Fall 2016) _____

SCHOOL _____ DATE OF BIRTH _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Insurance Information _____ Policy # _____

Emergency Contact Person _____ Phone _____

Family Physician _____ Phone _____

PRE-SCREENING PHYSICAL: I hereby give my informed consent for the participating physician(s) to perform a pre-participation screen physical examination on my child. I realize that this is only a screening examination and does not take the place of a complete examination. During a screening, the physician is not responsible for any ongoing medical care or treatment of any injuries that occur on the day of the examination or subsequently. My child has no known serious medical conditions that would prevent him/her from participating in sports, of which I am aware. I agree to follow up with my local physician if anything preventing participation is found by the screening.

EMERGENCY TREATMENT: In the event of a medical emergency, every attempt to notify the parent or guardian will be made. However, if you cannot be reached, we ask that you grant permission for your child to be treated for a medical emergency by a licensed physician, certified athletic trainer or any other person trained in emergency care.

In the event that I cannot be reached, I grant permission to the HAYWOOD COUNTY SCHOOLS / HAYWOOD REGIONAL SPORTS MEDICINE to provide emergency medical treatment to my son or daughter (named above) by a licensed medical physician.

PRACTICE / GAME INJURY CLINIC TREATMENT CONSENT: Local, licensed physicians will be serving as our team physicians. We ask that you sign and give permission to these physicians to treat your son or daughter for any sports related injury. I understand that no surgical procedures will be performed without my further consent.

ATHLETIC TRAINING SERVICES CONSENT: Nationally certified and stated licensed athletic trainers will be providing prevention and care of athletic injuries to the Haywood County Schools student athletes. The prevention of athletic injuries may include the taping, wrapping, padding or bracing of involved / injured areas. The treatment and care of athletic injuries may include the use of therapeutic modalities. Modalities available for use by the athletic trainers included: ice, moist heat pack, therapeutic ultrasound and electrical stimulation. We ask that you sign and give permission to the athletic trainer to provide athletic training services to provide care and treatment for any sports related injury.

MODEL RELEASE: Haywood Regional Hospital honors a patient's right to give or withhold informed consent to produce of use information, recordings, films or other images of the patient for purposes other than his or her care. I do hereby give Haywood Regional or assignees the irrevocable right to use my name, information and/or photograph in all forms and in all manners for advertising or any other lawful purpose; and I waive the right to inspect or approve the finished product that may be created. Information, recordings, photos or audio tapings can be used for television segments, print advertising or news articles; or for marketing materials such as brochures, billboards and Web content. Such media will be heard or seen in public. I have the right to request cessation of the recordings or photography of my child at any time.

Parent / Guardian Signature

Date