



Athletic Training Services Medical Consent

Participant Name: _____

Date of Birth: _____

I hereby authorize the athletic trainers at UofL Health Sports Medicine, who are under the direction and guidance of the UofL Health Sports Medicine physicians, to render to myself, or my child any preventive, first aid or rehabilitative treatment that they deem reasonably necessary to the health and well-being of myself or my child. Permission is also granted to the athletic trainers to provide the needed emergency treatment and first aid prior to referral and/or transportation to a medical facility.

Permission is hereby granted to the attending physician to proceed with any minor medical treatment, x-rays, or other evaluative procedures for the above-named athlete. In the event of serious illness, the need for major surgery, or significant injury, I understand that an attempt will be made to contact legal guardian (if a minor) in the most expeditious way possible. If said medical facility personnel is not able to communicate with legal guardian, consent is given for emergent or urgent treatment in the best interest of the above-named athlete.

In the event that an emergency arises during a practice session or competition, an effort will be made to contact the parents or guardians of minors as soon as possible.

I understand that UofL Health Sports Medicine uses the electronic medical records system, Healthy Roster. I hereby authorize for the athlete's PHI to be shared via Healthy Roster with coaches and administrators. A brief description of the athlete's injury and activity status will be shared. Coaches/Administrators are informed of conditions that preclude activity or are affected by athletic participation only.

Signature of Parent or Guardian

Date

Signature of Athlete

Date

Emergency Contact Numbers for Parents/Guardians

Home: _____

Cell: _____

Work: _____