



Permission to Treat, Consent & Authorization for Release of Medical Records

You must complete this form as a condition of participation in athletics at:

Vincennes Rivet Middle and High School

I hereby authorize the Certified Athletic Trainers contracted by the school through Good Samaritan Hospital to evaluate and treat any injury/illness that occurs as a result of my participation in athletics. This includes any and all reasonable and necessary preventative care, treatment, and rehabilitation for these injuries/illnesses. I understand that every effort will be made to contact me (the parent/legal guardian) prior to treatment.

I understand that my child must refrain from practice while injured/ill, whether or not receiving medical care. When under medical care my child may not return to participation until my child has been given permission by Physician, his/her delegate, or Certified Athletic Trainer if deemed necessary. This may occur during or at the conclusion of medical treatment. *The overseeing physicians have the FINAL authority regarding participation status following injury/illness.*

I understand and agree that if I experience an injury/illness or change in my health status it is my responsibility to inform my Head Coach and the Certified Athletic Trainer. I also agree to adhere to the established injury management guidelines including rehabilitation and reassessment before I am released to return to full participation. This authorization is valid for school year beginning August, 2020. It may be revoked at any time provided written documentation of the revocation is on file in the athletic training room.

Consent and Authorization for Release of Medical Records (HIPPA release)

I understand that medical information for any **school sports related** injury incurred during the sports year may be shared with the athlete, his/her parents/legal guardians, other medical providers, the staff of Good Samaritan Sports Performance, and the school staff/coach, only if this medical information is felt to be useful or helpful in the treatment of that injury or the safety of the injured athlete via Healthy Roster.

Student Athlete Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Athlete Information:

Student Athlete Name (Printed) _____

Date of Birth _____

Graduation Year _____

Emergency Contact Information:

Name (Printed) _____ Relationship _____

Email _____

Phone #1 _____ #2 _____