

HEALTHCARE CONSENT AND AUTHORIZATION



I give my consent for the Certified Athletic Trainer (ATC), within the scope of their training and certification, to render immediate care to my child(_____) in the event of a medical emergency and to evaluate and treat non-emergency sport-related injuries and health problems (at practices, contests, and in the athletic training room).

They may dispense equipment and supplies (e.g., crutches, braces, compression wraps, etc.) as may be required for the prevention or treatment of sport-related injuries and communicate to my child and my child's coach(es) such medical information as pertains to my child's readiness to participate safely in athletics. They may share medical information with only other health care providers (e.g. my pediatrician or family physician, specialists, physical therapists, other athletic trainers, etc.) as appropriate.

The foregoing consents will remain valid for one year from the date signed unless, and until, written notification to the contrary is made by me. I may revoke them at any time.

HEALTH INSURANCE INFORMATION

I hereby give my consent and grant permission for the coach(es) at East Helena High School to seek medical treatment deemed necessary for any condition arising while participating in interscholastic sports. I understand that every effort will be made to contact the emergency contact prior to treatment being rendered off-site of the East Helena High School facility.

I understand that interscholastic sports are, by their nature, capable of causing injury to the student/athlete. In the event of an accidental injury sustained by my daughter/son while participating in the Interscholastic Athletic Program, I shall hold harmless the Board of Education, East Helena High School and its staff from any liability. I will inform the school in writing if my/our insurance is changed or terminated.

Parent/Guardian Signature: _____ Date: _____

MY SIGNATURE VERIFIES THAT MY SON/DAUGHTER IS COVERED BY EITHER PRIVATE HEALTH INSURANCE OR SCHOOL PURCHASED INSURANCE.

Insurance Company: _____ Policy Number: _____

If you have purchased School Student Insurance, please send verification of insurance and enter the policy number below.

K& K Insurance Policy Information: _____

Parent/Guardian Signature: _____ Date: _____