

MAUR HILL MOUNT ACADEMY
EMERGENCY MEDICAL AND CONSENT FORM

This form will be made available by the coach at all team practices and athletic contest for each team member to insure proper treatment by physicians or hospitals in the event of a serious injury.

Name of Student: _____ Birth Date: _____ Grade: _____

Name of Parents: _____ Home Phone: _____ Day Phone: _____

Address: _____ City: _____ State: _____

Cell Phone of Parents: Father: _____ Mother: _____

In Case of an Emergency, if parents cannot be reached notify: Name: _____ Phone: _____

I hereby give consent for medical treatment deemed necessary by physicians/trainers designated by school authorities and/or transportation by ambulance to the hospital emergency room for treatment for any serious illness or injury from his/her participation.

Preferred Physician: _____ Phone: _____

Known Allergies or Conditions: _____

MEDICAL INFORMATION RELEASE

I am aware that if my child sustains an injury and is participating in a school sponsored sport(s), it is imperative that the athletic trainer or physician be able to communicate with coaches, staff, medical personnel, administration and physicians. I hereby authorize and consent to the release of any pertinent medical information and records regarding the treatment, diagnosis, and/or examination relative to injuries or serious illness that may affect my participation in Maur Hill Mount Academy athletics. I understand that I can revoke this authorization at any time in writing to the Maur Hill Mount Academy Athletic Director. Unless I exercise this right to revoke this authorization this said release will be in effect during the duration of my participation in athletics for the Maur Hill Mount Academy 2014-2015 school year.

I elect to **OPT OUT** of Medical Information Release _____

(Parent/ Guardian)

CONSENT TO TREAT

In the event that my child develops an illness or sustains an injury while participating on a Maur Hill Mount Academy School athletic team, I hereby grant permission for my son/daughter to receive the appropriate medical care as deemed so by the Certified Athletic Trainer, Physician, or Coach. In the event of a serious illness or injury, I understand that every attempt will be made to contact me. I hereby grant permission to the Certified Athletic Trainer (Atchison Hospital or otherwise) to proceed with any necessary evaluation, minor medical treatment, and rehabilitation of injuries sustained by my child.

STATEMENT OF RISK

We/I, the parents of _____ do hereby acknowledge that we/I have been fully

(Student Name)

advised, cautioned and warned by the proper administrative and/or coaching personnel of Maur Hill Mount Academy that our/my child named above through participation may suffer serious injury including but not limited to, death, neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being. Minor and moderate injuries are common in athletics and every participant is likely to sustain an injury during his/her athletic career. I fully know, understand, and appreciate the risks inherent in this /these sport(s) and I VOLUNTARILY participate in this activity. I hereby release all Maur Hill Mount Academy coaches, certified athletic trainers, team physicians, and school officials for negligence resulting in injury and liability for any injury I sustain while participating in this extracurricular activity.

I have read the above stated consent form, medical information release, and statement of risk and understand my rights as described herein. I understand my son/daughter's assumption of risk, and I authorize consent for treatment and release of my son/daughter's information, unless signed above to opt out of the medical information release. This authorization shall expire at the end of the 2014-2015 school year.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____ Cell Phone #: _____ Email : _____