EMERGENCY TREATMENT I.

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school or it's representative, this will allow the hospital to treat the injury. **EMERGENCY INFORMATION**

Name: Sport: Sex: MF Grade: Age: Date of Birth:	Grade: Age: Date of Birth: / Parent's Name:					
Parent's Name:	Parent's Name:	Name:	Sport:		Sex: M	F
Father's SS#:	Father's SS#: Mother's SS#: Work Address:	Grade: Age:	Date of Birth:			
Father's SS#:	Father's SS#: Mother's SS#: Work Address:	Parent's Name:				
Phone Number:	Phone Number:					
Phone Number:	Phone Number:	Work Address:				<u> </u>
Home Address:	Home Address: Phone Number: Another Person to Contact: Relationship: Phone Number: Insurance Name: Policy and Group Numbers: Policy and Group Numbers: ALLERGIES: Consent Statement: Authorizing Treatment Parent's Signature: Consent Statement: Authorizing Treatment Parent's Signature (if over age 18): II. PARENT'S CONSENT FOR ATHLETIC PARTICIPATION I hereby give my consent for to represent					
Phone Number:	Phone Number:					
Another Person to Contact:	Another Person to Contact: Phone Number: Insurance Name: Phone Number: Phone Number: Policy and Group Numbers: Policy and Group Numbers: ALLERGIES: Consent Statement: Authorizing Treatment Parent's Signature: Consent Statement: Authorizing Treatment Parent's Signature: Student's Signature (if over age 18): II. PARENT'S CONSENT FOR ATHLETIC PARTICIPATION I hereby give my consent for to represent (Name of Student) in the sport(s) of (Name of School) Date: Signature: Signature: Numerical clearance to participation physicals, we now required to obtain written authorization from you to release information to your child's school/coaches information may be used strictly for determining medical clearance to participate for athletic purposes only					
Relationship:	Relationship: Phone Number: Insurance Name: Policy and Group Numbers: Policy and Group Numbers: Policy and Group Numbers: ALLERGIES: Consent Statement: Authorizing Treatment Parent's Signature: Student's Signature: Student's Signature (if over age 18): Image: Signature (if over age 18): II. PARENT'S CONSENT FOR ATHLETIC PARTICIPATION I hereby give my consent for to represent (Name of Student) (Name of Student) In the sport(s) of Signature: <					
Policy and Group Numbers:	Policy and Group Numbers:					
Policy and Group Numbers:	Policy and Group Numbers:	Insurance Name:				
Consent Statement: Authorizing Treatment Parent's Signature:	Consent Statement: Authorizing Treatment Parent's Signature:					
Consent Statement: Authorizing Treatment Parent's Signature:	Consent Statement: Authorizing Treatment Parent's Signature:	ALLERGIES:	· · · · · · · · · · · · · · · · · · ·			
Student's Signature (if over age 18): II. PARENT'S CONSENT FOR ATHLETIC PARTICIPATION I hereby give my consent for	Student's Signature (if over age 18):					
I. PARENT'S CONSENT FOR ATHLETIC PARTICIPATION I hereby give my consent for	I. PARENT'S CONSENT FOR ATHLETIC PARTICIPATION I hereby give my consent for	Parent's Signature:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
I hereby give my consent for	I hereby give my consent for to represent (Name of Student) in the sport(s)of (Name of School) Date: Signature: III. TO PARENT/GUARDIAN: Due to laws regarding release and disclosure of medical records, including pre-participation physicals, we now required to obtain written authorization from you to release information to your child's school/coaches information may be used strictly for determining medical clearance to participate for athletic purposes only	Student's Signature (if over age 18):				_
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Date:	Date:Signature: III. TO PARENT/GUARDIAN: Due to laws regarding release and disclosure of medical records, including pre-participation physicals, we now required to obtain written authorization from you to release information to your child's school/coaches information may be used strictly for determining medical clearance to participate for athletic purposes only		in the spc	ort(s)of		
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	ו ובמשב שונו מווע עמוב שבוטיי.	Due to laws regarding release an now required to obtain written aut information may be used strictly for	d disclosure of medical re thorization from you to re	lease information to	your child's school/c	oaches. This
	I parent/guardian of authorize OrthoOne	۱r	parent/guardian of		authorize Ort	hoOne to
	release medical information to High School and their coaches for athletic					
participation for the 2014-2015 school year.						

IV. To Parent/Guardian—Physical Examination Limitation

The physicians of OrthoOne would like to inform you that this athletic physical examination is intended only as a screening exam. It is the standard physical examination that is required by the Tennessee Secondary Athletic Association for participation in high school athletics. It is not intended to replace standard medical care by your family physician. The exam of the heart and lungs is performed by the use of auscultation only (stethoscope).

Cardiac conditions that result in "sudden cardiac death" are very infrequent—1 in 135,000 (male) and 1 in 750,000 (female). However, most of these cardiac conditions in athletes can not be identified solely by the use of a stethoscope. Specialist care that goes beyond this standard physical examination is available in the Memphis medical community. The OrthoOne Sports Medicine Team will be glad to help refer your child to a Cardiology specialist at your request.

Parent/Guardian: Please initial one or both of the following statements and sign below. Your initials and signature are required for completion of the physical examination.



I understand the limitations of the standard pre-participation exam and wish for my child to proceed with this examination.

I would like a formal echocardiogram and cardiac stress test to be arranged with a cardiologist at my expense for a more in depth cardiac examination.

Parent's Signature

Date

OrthoOne Privacy Information

The Athletic Director has been provided with copies of OrthoOne's Health Information Privacy Policy. The athletic director will provide you with a copy upon request. If you choose to receive a copy, please sign below to acknowledge that you have received this information. You are not required to receive or acknowledge receipt of the information to have your child's physical examination performed.

I, _____, do hereby acknowledge receipt of OrthoOne's Patient Notice on

Parent's Name

Date

Parent's Signature