

I. EMERGENCY TREATMENT

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: M _____ F _____

Grade: _____ Age: _____ Date of Birth: ____/____/____

Parent's Name: _____

Father's SS#: _____ Mother's SS#: _____

Work Address: _____

Phone Number: _____

Home Address: _____

Phone Number: _____

Another Person to Contact: _____

Relationship: _____ Phone Number: _____

Insurance Name: _____

Policy and Group Numbers: _____

ALLERGIES: _____

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: _____

III. TO PARENT/GUARDIAN:

Due to laws regarding release and disclosure of medical records, including pre-participation physicals, we are now required to obtain written authorization from you to release information to your child's school/coaches. This information may be used strictly for determining medical clearance to participate for athletic purposes only. Please sign and date below:

I _____ parent/guardian of _____ authorize OrthoOne to release medical information to _____ High School and their coaches for athletic participation for the 2014-2015 school year.

Signature

Date

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