



VALENCIA HIGH SCHOOL

Sports Medicine--Parental Consent to Treat

STUDENT NAME: _____ GRADE: 9 10 11 12
 SPORT(S): _____

BY SIGNING BELOW, I/WE CERTIFY THAT:

I. PARENTAL CONSENT TO TREAT:

A. Permission is hereby granted to the Valencia High School Sports Medicine Program, Faculty and Coaches to proceed with any necessary Primary and Secondary First Aid. In the event of serious illness or injury I understand that an attempt will be made to contact me in the most expeditious manner possible. If in the event I cannot be reached, the treatment or referral necessary for the best interest of the above named participant will be given.

B. Permission is hereby granted to the Valencia High School Sports Medicine Program to proceed with any necessary prevention techniques, evaluation, and/or minor medical treatment of injuries for the above named student athlete.

C. Permission is hereby granted to the Valencia High School Sports Medicine Program to proceed with any necessary use of modalities, including but not limited to those listed below, for the care, treatment and rehabilitation for the above named student athlete's injury(s). All modalities will be used under the direction of the Valencia High School Sports Medicine Program physician and/or other referring physicians and will only be administered by the Valencia High School Sports Medicine Program.

Please mark an "X" next to any prevention technique or modality that you **DO NOT** want used on your child.

Prevention Techniques	
<input type="checkbox"/> Taping	
<input type="checkbox"/> Bracing	

Modalities		
<input type="checkbox"/> Moist Heat	<input type="checkbox"/> Whirlpool (hot/cold)	<input type="checkbox"/> Game Ready (Ice & Compression)
<input type="checkbox"/> Ultrasound Therapy	<input type="checkbox"/> Electric Stimulation	<input type="checkbox"/> Rehabilitation Exercises
<input type="checkbox"/> T.E.N.S. (Electric Stim)	<input type="checkbox"/> Manual Muscle Massage [extremities and back only]	

D. SCAT Testing: Permission is granted for the above named student athlete to participate in completing a Baseline of the most current Sideline Concussion Assessment Tool (SCAT). The baseline will be stored for use later should the athlete sustain a head injury, concussion or mild traumatic brain injury (MTBI).

II. CONSENT TO RECEIVE TOPICAL SUBSTANCES:

Permission is hereby granted to the Valencia High School Sports Medicine Program to distribute topical substances (listed below) for first aid care to the above named student athlete. Please mark an "X" next to any substance you **DO NOT** want used on your child, or mark an "A" for any substance your child is allergic to.

<input type="checkbox"/> 2nd Skin (Blister covering)	<input type="checkbox"/> Bacitracin (Neosporin)	<input type="checkbox"/> Benzoin Tincture (Bandage Adherent)
<input type="checkbox"/> Biofreeze (analgesic)	<input type="checkbox"/> Tuffskin (Tape Adherent Spray)	<input type="checkbox"/> Monsel's Solution (Minor Wound Closure)
<input type="checkbox"/> Hydrogen Peroxide	<input type="checkbox"/> Isopropyl Alcohol	<input type="checkbox"/> New Skin Liquid Bandage
		<input type="checkbox"/> Sterile Saline

III. PARENTAL AUTHORIZATION FOR THE USE & DISCLOSURE OF MEDICAL INFORMATION (HIPAA & FERPA):

I hereby authorize the Wm. S. Hart School District to share appropriate information (medical and/or other) concerning my child that is relevant to participation in athletics/activities with coaches, other healthcare professionals (as determined by parent) and other school personnel as deemed necessary. I understand that I may revoke this authorization at any time. However, the revocation will not apply to information that has already been released. I understand that I must do any revocation in writing and present my written revocation to the Sports Medicine Staff. Unless revoked, this authorization is in effect for the entire school year.

IV. STATEMENT OF RISK:

I acknowledge that the Wm. S. Hart School District assumes no responsibility for any risks associated with voluntary participation in school organized athletic, physical education or other activities. Furthermore, I understand that these sports activities involve risk of serious injury or death. After weighing these risks against the potential benefits my son/daughter may gain from these activities, I freely and fully accept the risks of athletics on my child's behalf.

V. STATEMENT OF LIABILITY:

In exchange for the opportunity to participate in interscholastic athletics, I freely and fully waive any claim by me, my spouse or my child, against Wm. S. Hart School District and its employees arising from a sports related injury or from transportation to/from a sporting event. Additionally, the Wm. S. Hart School District and administrators reserve the right to make final decisions regarding a student athlete's participation status with interscholastic athletics.

By signing below I/we certify that: I/we are in agreement with the statements/authorizations made above, the answers to the questions are true and correct and that I/we understand that having passed the physical examination does not necessarily mean that my child is physically qualified to engage in athletics but only that the examiner did not find medical reason to disqualify him/her at the time of said examination.

 PARENT/GUARDIAN SIGNATURE

 DATE

 Name of Parent/Guardian (Print)

 Relation to Student Athlete