



**CONSENT TO TREAT MINOR ATHLETE**

In the event my child is injured in an athletic event, practice or competition, I authorize any Athletic Trainer employed by or contracted with UHS Sports Medicine to examine and treat the condition as he/she deems appropriate through the use of physical and/or athletic training measures, and I expressly give authorization for these procedures to be performed on my child.

In the event of an emergency situation, every attempt will be made to contact the legal guardian of the injured minor. However, it is understood that this authorization is given in advance of any specific diagnosis, treatment, emergency transportation, or hospital care being required. Appropriate medical care will be provided in the exercise of best judgement and neither said agent or any organization involved assumes any financial responsibility for exercising the action.

The patient has the right to informed participation in decisions involving the patient’s health care. This shall be based on clear, concise explanation of his/her conditioning and of all proposed treatment procedures. All possible risks and/or side effects as well as the probability of success with such procedures shall be disclosed to the minor patient and guardian by his/her Athletic Trainer. The patient will not hold the Athletic Trainer responsible for any pre-existing, medically diagnosed conditions nor for any medical diagnosis.

The patient has the right to know who is responsible for authorizing and performing any and all treatment procedures. The patient shall not be subject to any procedure without his/her voluntary, competent, and understanding consent or the consent of his/her legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall be so informed.

The patient and legal guardian shall be advised if UHS Sports Medicine proposes to engage in or perform human experimentation, for the purpose of research, affecting the patient’s care. The patient has the right to refuse to participate in such research projects.

After reading the above, I \_\_\_\_\_ hereby consent to my child receiving Athletic Training/medical services in the event of any injury during an athletic event, practice or competition.

\_\_\_\_\_  
Athlete/Patient’s Name (print)                      Date of Birth

\_\_\_\_\_  
Parent’s or Guardian’s Name Print

\_\_\_\_\_  
Parent’s or Guardian’s Signature                      Date

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
Secondary Phone Number

\_\_\_\_\_  
Alternate Contact Person and Phone Number

\_\_\_\_\_  
Alternate Contact Person and Phone Number

*In the event a parent/guardian cannot be reached and immediate medical transport is required, please list your preferred hospital for EMS transport of your son/daughter.*

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