

# Aurora BayCare

## SPORTS MEDICINE

### Emergency Information and Consent

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First) (M.I.)

Student Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Day Phone Number: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Cell Phone Number: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

#### IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name (& relation): \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

#### MEDICAL INFORMATION

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Meds: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Other Conditions (asthma, diabetes, previous head injuries, surgeries, vision problems, etc.; use back of sheet if needed)

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#### MEDICAL CONSENT FOR TREATMENT

To Whom It May Concern:

The athletic staff (athletic trainers, coaches, or other school personnel) may apply first aid treatment for any injury or injuries sustained during participation (practice/game) in interschool athletics sanctioned by \_\_\_\_\_, until the parent/guardian can be contacted.

Yes  No

In case the parents can't be reached, we give consent for the athletic medical staff to use their own judgment in return to sport, securing medical aid, ambulance service, and if necessary hospital admittance, when needed, as a result of injury during participation in sanctioned practices/games scheduled by \_\_\_\_\_

Yes  No

The athletic trainer may provide modalities such as but not limited to, ultrasound, electrical stimulation, ice and heat.

Yes  No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_