

Student Name: \_\_\_\_\_

DOB: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_



## Pre-Participation & Consent Form for Athletic Training Outreach Services

### Release of Medical Information

I/we expressly permit the contracted athletic training staff and medical consultants to release information regarding the student-athlete's medical history, record of injury, surgery, participation status and rehabilitation results in accordance with the Notice of Privacy Practices and applicable state and federal laws, or school policy, including but not limited to The Family Educational Rights and Privacy Act (20 U.S.C. 1232g; 24 CFR Part 99) and the Health Insurance Portability and Accountability Act (P.L. 104-191).

I/we expressly permit the contracted athletic training staff and medical consultants acting on behalf of the Hopedale Medical Complex to obtain information from other health care providers regarding the student athlete's medical history, record of injury, surgery, participation status and rehabilitation results with the above listed policies and laws. I/we grant permission for any health care provider to release to the contracted athletic training staff and any and all medical records related to the evaluation, treatment, and rehabilitation of any injury/illness sustained by the student-athlete.

This authorization shall expire one calendar year from the date of the signature. It is subject to revocation by the student-athlete or his/her parent/ guardian (if the student-athlete is under the age of 18), if notice is provided in writing, except to the extent that the action has been taken in reliance thereon. Please be aware that once we disclose this information per your instructions, the information is subject to re-disclosure and may be no longer protected by the FERPA or HIPAA.

### Acknowledgement of Risk

Participation in athletics is potentially hazardous/dangerous activity. Serious injuries, including permanent paralysis and even death can occur. Neither the **Hopedale Medical Complex** nor any of its employees assume any responsibility in the event of an accident. In consideration of the below signed student-athlete being permitted to participate in the above listed sports, I/we hereby release above named institutions and its employees, together with all persons assisting with any phase of such activities, from all liability and responsibility in connection with such activity. I/we further agree to indemnify and hold harmless said parties from all claims hereafter made and asserted by or on behalf of the below signed student-athlete, his/her parents, guardian's), heirs, executors, or assigns.

### Consent to Treat

I/we expressly permit the contracted athletic training staff and medical staff acting on behalf of the Hopedale Medical Complex (HMC) to evaluate and treat any injury/illness that occurs as a result of the athletes participation in athletics. This includes any and all reasonable and necessary care including therapeutic modalities, rehabilitation, preventative instruction, and use of EMS services as needed. In the event your athlete gets injured off school grounds, I authorize an HMC representative to facilitate evaluation, treatment/care and/or EMS transportation or other forms of transportation for the appropriate care of the injured athlete. I understand that an HMC Certified Athletic Trainer will contact the athlete's parent or guardian as soon as possible in the event of an emergency situation.

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**\*\*\* PLEASE CUT THIS SECTION OFF AND KEEP FOR YOUR RECORDS INCASE YOU NEED TO CONTACT YOUR ATC! \*\*\***

DEEMACK	HARTEM	DELANVAN	TREMONT	OLYMPIA
Athletic Trainer: Emily Whitson, MS, ATC		Athletic Trainer: Greg Eberle, ATC, CES, CEAS		Athletic Trainer: Josh Blaum, MS, ATC
Office: 309.449.4501 Cell: 309.533.1891 Fax: 309.449.4525		Office: 309.449.4501 Cell: 309.202.2955 Fax: 309.449.4525		Office: 309.449.4501 Cell: 217.412.3974 Fax: 309.449.4525
Email: ewhitson@hopedalem.com		Email: geberle@hopedalem.com		Email: jblaum@hopedalem.com

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

**Contact Information**

Athletes Name (Printed Clearly): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Year in School: Seventh Grade Eighth Grade Freshman Sophomore Junior Senior

Sport(s): \_\_\_\_\_

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

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

Phone Number: \_\_Cell \_\_Home: \_\_\_\_\_

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**Parent or Guardian to Contact in case of an Emergency:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Form of Contact: \_\_\_\_\_

Best time of day to contact you: \_\_\_\_\_

Best method of communication: phone call text message email other\_\_\_\_\_

**Agreement**

My signature below indicates that I have read the information in this document. Therefore, I understand it completely and in the event I have any questions, I may contact the school's Certified Athletic Trainer and/or refer to the Hopedale Medical Complex website as documented for further information.

Athletes Signature: \_\_\_\_\_  
(if 18 years):

Parent or Guardian Signature: \_\_\_\_\_  
(if athlete is 17 years or younger)

Parent or Guardian Printed Signature: \_\_\_\_\_

Date: \_\_\_\_\_

