

Union Center for Sports Medicine
Athletic Emergency Information

Please Print

Student Name: _____ Birth Date: _____ Age: _____ Grade: _____

Address: _____ City: _____ Zip Code: _____ Home Phone: _____

Primary Contact

Parent/Guardian Name: _____

Relationship: _____

Employment: _____

Work Number: _____

Cell Number: _____

Email: _____

Secondary Contact

Name: _____

Relationship: _____

Best Contact Number: _____

Non Parent Contact

Name: _____

Relationship: _____

Best Contact Number: _____

Medical Information

Family Physician: _____

Physician Telephone: _____

Preferred Hospital: _____

Known Allergies (including allergies to medications): _____

Current Medications: _____

Date of Last Tetanus Shot: _____

Significant Medical Conditions (Diabetes, Asthma, etc.): _____

Insurance Company: _____ Policy Number: _____

Release to Treat Statement:

I give my consent for the team physician and/or the staff athletic trainers to provide emergency care, follow-up care and rehabilitation of injuries sustained during Parke Heritage athletics, including mental health issues. Treatments may include the use of modalities that include, but is not limited to Ultrasound, Electric Stimulation, Light Therapy and/or Graston Technique. I understand all that use these modalities have been sufficiently trained in their schooling for the proper use of this equipment. I further understand Parke Heritage is a clinical site for athletic training students from Indiana State University and that some treatments may be provided by these students under the direct supervision of a Certified Athletic Trainer.

Parent/Guardian Signature

Date

School Medical Information Release

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA), I _____, as the legal guardian/parent of _____, do hereby give my consent to the School Athletic Training staff to exchange pertinent medical information with the appropriate personnel (i.e. physicians, coaches, athletic trainers, and school administrators). This information is only exchanged on a need to know basis and may include injury condition, illness, and/or return to play status.

Parent Signature: _____ Date: _____