TRITON JR.SR HIGH SCHOOL 2012-2013
ATHLETIC EMERGENCY TREATMENT CONSENT FORM

*Each parent or guardian needs to fill out one sheet for each child
*NO ATHLETE will be allowed to practice or participate until the following items are on file in the Athletic Director's Office:

1) Physical Form- filled out and signed in all four (4) spots
2) Emergency Medical Sheet
3)HIPAA sheet (on back of Emergency Medical Sheet)

I (we)____
(parent(s) or guardian(s) name(s) Please Print)

Of____
(address) (city) (county) (state)

do hereby state that I am (we are) the parent(s) or legal guardian(s) of the following child.

_____________________________________ _______________ _______________________
(student's name) (age) (birthdate)

I (we) authorize the Triton Jr. Sr. High School Athletic Department Official, an adult, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or hospital care to be rendered to the above named student under general or special supervision and the advice of any physician or surgeon licensed to practice medicine.
Dated:____________________ of __________________________ ________________
(day) (month) (year)

____
(signature of parent or guardian)

Please fill in all applicable spaces.
Insurance Information:

Company Name:_____________________________ Identification Number:______________________________
Member's Name:_____________________________ Benefit Code:____________________________________
Acct Number:_____________________________
Brief Medical History:
Allergies (including medication) ____
____
____
Tetanus (Date of last booster)_________________________________
Chronic or Existing disease or medical condition and medications (diabetes, epilepsy, asthma, etc)
____
____
____

Which hospital would you like your child transported to if time is not a factor?____________________________
First available hospital (if out of town) and not close enough for your local requests? Yes_______ No_________
Which local area hospital?(circle one) Bremen Warsaw Plymouth Rochester

Regional Rehabilitation Center
1500 Provident Dr
Warsaw, IN 46580

(consent for student athletes 18 years and above)

I ___________________________________ a student athlete participating in the school sports program
(*print name)*

OR

****(consent for student athletes UNDER 18 years of age)***

I ___________________________________as the Parent, Guardian or Legal Representative of
(print name)

____
(print name of student)

Student turns 18 on_________________________________
(mm/dd/yyyy)

Understand that I have the right to agree, restrict or object to the disclosure of Protected Health Information (PHI) by the Athletic Trainer to members of the school athletic department. This includes but is not limited to the Athletic Director, Coach and members of the coaching staff. I understand the information disclosed by this authorization may be subject of re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

By my signature, I give the Athletic Trainer permission to disclose PHI to members of the school's athletic department. I understand that the information disclosed will be limited to the injury/illness affecting athletic participation. I understand that I can revoke this permission to disclose at any time by submitting such request to the Athletic Trainer in writing. The revocation of permission will apply from the date of receipt and is not retroactive.

This permission is in effect for the athletic period: **August 2013 through July 2014**

(*For Student Athletes 18 years and older)*
I agree to permit the Athletic Trainer to share the above granted information with my parents and/or individual(s) I so designate Yes________ No__________ Initials:___________________

Additional individuals who may receive PHI:

____ ____

____ ____

Parent Signature:____ Date:______________________

Authority to sign if not parent:____
(Guardian or Legal Representative)