

## Valders High School Sports Medicine Emergency Information and Consent

Student's Name:		Date of Birth:	
Parent/Guardian Name:			
Alternate Emergenc	y Contact Name:	Relationship:	
Address:			
	IN CASE OF EM	ERGENCY, PLEASE NOTIFY:	
First, Try:		☐ Alternate Emergency Contact	
•	☐ Parent/Guardian		
•	STUDENT'S I	MEDICAL INFORMATION	
Primary Doctor:	31052111 31	Phone:	
Timaly Booton		<u></u>	
Current Medications	::		
		vious head injuries, etc. Use back of sheet if needed)	
		$\square$ (continued on bac	
Name of Medical Ins			
		Is plan an HMO? ☐ Yes ☐ No	
Policy Number:		15 plan an 111110: E 1e5 E 110	
If plan is an HMO, w  MEDICAL CONSENT T  Tonsent may be requi	hat is your primary care facili  O TREAT STUDENT; AUTHOR  Fred in order for Student to pa	RIZATION TO DISCLOSE STUDENT'S MEDICAL INFORMATION articipate in an athletic program. Consent is effective until it is	
If plan is an HMO, w  MEDICAL CONSENT T  Consent may be requively be required to the contract of the contract	hat is your primary care facili O TREAT STUDENT; AUTHOR fred in order for Student to pa or guardian, or until Student is	ty?	
If plan is an HMO, w  MEDICAL CONSENT Tonsent may be requirevoked by a parent of no box is checked,  Yes No If the atlivation which can be emergency concluding ambiguity and the participation in other emergency conter emergency beautiful to the participation in the participation in the participation in the properties and the participation in the part	O TREAT STUDENT; AUTHOR fred in order for Student to par guardian, or until Student is it is assumed that consent is inletic staff determines that Student cannot be reached) the pulance service and admittance vocate Aurora Health, Inc. at onnel ("AAH staff") may appun athletic programs sanction int or non-emergent Student that to the athletic trainer's attention of the other cannot be reached).	RIZATION TO DISCLOSE STUDENT'S MEDICAL INFORMATION articipate in an athletic program. Consent is effective until it is a no longer enrolled at the School.  NOT given. Please check all applicable.  Tudent is in need of immediate medical attention beyond that if at School (and, if a minor, the Student's parent, guardian, or eathletic staff may use their judgment in securing medical aid, are to a hospital if needed.  The thickness of the student's parent, guardian, or eathletic staff, including athletic trainers, coaches, or other ly first aid treatment for any injury sustained during ed by School; the athletic trainer may evaluate and treat injuries or medical conditions, including concussion baseline tention as they relate to the Student's physical activity,	
If plan is an HMO, w  MEDICAL CONSENT Tonsent may be requirevoked by a parent of no box is checked,  Yes No If the att which can be emergency concluding amb qualified persparticipation in other emerge testing, broug conditioning of Yes No If available such as ultras	O TREAT STUDENT; AUTHOR fred in order for Student to par guardian, or until Student is it is assumed that consent is inletic staff determines that Student or cannot be reached) the oulance service and admittance vocate Aurora Health, Inc. at onnel ("AAH staff") may appure athletic programs sanction int or non-emergent Student that to the athletic trainer's attention in jury prevention, regardle able at School, School's athletound and electronic stimulation.	RIZATION TO DISCLOSE STUDENT'S MEDICAL INFORMATION articipate in an athletic program. Consent is effective until it is a no longer enrolled at the School.  NOT given. Please check all applicable.  Itudent is in need of immediate medical attention beyond that at School (and, if a minor, the Student's parent, guardian, or eathletic staff may use their judgment in securing medical aid, ace to a hospital if needed.  Ithletic staff, including athletic trainers, coaches, or other ly first aid treatment for any injury sustained during ed by School; the athletic trainer may evaluate and treat injuries or medical conditions, including concussion baseline	
If plan is an HMO, w  MEDICAL CONSENT Tonsent may be requirevoked by a parent of no box is checked,  Yes No If the attached which can be emergency concluding amb yes No The Adqualified persparticipation in other emergency conditioning of the such as ultrastudent Signature:	O TREAT STUDENT; AUTHOR fred in order for Student to par guardian, or until Student is it is assumed that consent is inletic staff determines that Student extract cannot be reached) the outlance service and admittance vocate Aurora Health, Inc. at onnel ("AAH staff") may appure at the to the athletic trainer's attention on non-emergent Student extract that of the athletic trainer's attention in the staff or injury prevention, regardle able at School, School's athletound and electronic stimulation.	RIZATION TO DISCLOSE STUDENT'S MEDICAL INFORMATION articipate in an athletic program. Consent is effective until it is a no longer enrolled at the School.  NOT given. Please check all applicable.  Tudent is in need of immediate medical attention beyond that if at School (and, if a minor, the Student's parent, guardian, or exathletic staff may use their judgment in securing medical aid, and the staff, including athletic trainers, coaches, or other lay first aid treatment for any injury sustained during ed by School; the athletic trainer may evaluate and treat injuries or medical conditions, including concussion baseline tention as they relate to the Student's physical activity, ss of whether or not the Student participates in athletics. tic trainer may provide appropriate treatment modalities, ions to treat any Student injury or other medical condition.  Date:  Date:  Date:	
If plan is an HMO, w  MEDICAL CONSENT Tonsent may be requirevoked by a parent of no box is checked,  Yes No If the attached which can be emergency concluding amb yes No The Adqualified persparticipation in other emergency conditioning of the such as ultrastudent Signature:	O TREAT STUDENT; AUTHOR fred in order for Student to par guardian, or until Student is it is assumed that consent is inletic staff determines that Student extract cannot be reached) the outlance service and admittance vocate Aurora Health, Inc. at onnel ("AAH staff") may appure at the to the athletic trainer's attention on non-emergent Student extract that of the athletic trainer's attention in the staff or injury prevention, regardle able at School, School's athletound and electronic stimulation.	RIZATION TO DISCLOSE STUDENT'S MEDICAL INFORMATION articipate in an athletic program. Consent is effective until it is a no longer enrolled at the School.  NOT given. Please check all applicable.  tudent is in need of immediate medical attention beyond that at School (and, if a minor, the Student's parent, guardian, or eathletic staff may use their judgment in securing medical aid, are to a hospital if needed.  thletic staff, including athletic trainers, coaches, or other ly first aid treatment for any injury sustained during ed by School; the athletic trainer may evaluate and treat injuries or medical conditions, including concussion baseline tention as they relate to the Student's physical activity, ss of whether or not the Student participates in athletics. tic trainer may provide appropriate treatment modalities, ions to treat any Student injury or other medical condition.	