CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

*Entire Page Completed By Patient

Athlete Information			
Last Name	First Name M	/II	
Sex: [] Male [] Female Grade	Age DOB//		
Allergies			
Medications			
Insurance	Policy Number		
Group Number	Insurance Phone Number		
Emergency Contact Information			
Home Address	(City) (Zip	<u>)</u>	
Home Phone Mother's Cell	I Father's Cell		
Mother's Name	Work Phone		
Father's Name	Work Phone		
Another Person to Contact			
Phone Number Relationship			

Legal/Parent Consent

I/We hereby give consent for (athlete's name)	to represent	
(name of school)	in athletics realizing that such activity involves	
potential for injury. I/We acknowledge that even with the	best coaching, the most advanced equipment, and	
strict observation of the rules, injuries are still possible.	On rare occasions these injuries are severe and	
result in disability, paralysis, and even death. I/We further grant permission to the school and TSSAA,		
its physicians, athletic trainers, and/or EMT to render a	aid, treatment, medical, or surgical care deemed	
reasonably necessary to the health and well being of	of the student athlete named above during or	
<i>resulting from participation in athletics.</i> By the execution of this consent, the student athlete named above		
and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete		
during the course of the pre-participation examination by those performing the evaluation, and to the taking of		
medical history information and the recording of that histor	ry and the findings and comments pertaining to the	
student athlete on the forms attached hereto by those pra	ctitioners performing the examination. As parent or	
legal Guardian, <i>I/We remain fully responsible for any</i>	legal responsibility which may result from any	
personal actions taken by the above named student ath	nlete.	