

# Medical Care Release Form

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This information is needed regardless of your primary care facility in the event of an emergency when you cannot be reached.

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

Athlete's Name: \_\_\_\_\_ Parents or Guardian: \_\_\_\_\_

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

Phone (Work): \_\_\_\_\_ (Home/Cell): \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Primary Care Facility: \_\_\_\_\_

Allergies: (Bee Stings, Medications, etc.) \_\_\_\_\_

Other Medical Conditions: (Diabetes, asthma, etc.) \_\_\_\_\_

## ATHLETIC TRAINER CONSENT

I give my permission to Sanford Bismarck to administer immediate first-aid, follow-up treatment, and rehabilitation to my child when appropriate in his or her professional judgment or as recommended by the consulting physician or other healthcare provider (Chiropractor, Physical Therapist, Nurse Practitioner, etc.). I understand that Sanford Bismarck will communicate any necessary medical information with appropriate medical personnel and coaching staff.

## TREATMENT CONSENT

In the event of accident or emergency, I do hereby grant permission to the attending medical provider and emergency medical personnel to execute any and all necessary and indicated medical and first aid procedures on my child. I understand that there will be an effort to contact me before any procedures are carried out, if possible, however, I understand that there may be a situation in which emergency care must be undertaken immediately by the attending medical provider and emergency medical personnel.

All of the preceding information is complete to the best of my knowledge. By signing this form, I hereby grant consent for treatment or services to be provided by Sanford Bismarck. I also certify that no guarantee or assurance has been made as to the results that may be obtained. I hereby give consent to carry out such procedures as indicated. I recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries. I, individually and on behalf of my child, hereby irrevocably, and unconditionally release, acquit, and forever discharge Sanford and its officers, agents, attorneys, representatives and employees from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that my child or I may incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with my child's participation in interscholastic athletics.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian

Original copy goes to the school. Additional copies need to be sent to the coach and sports medicine staff.