

**Easton USD 449**  
**EMERGENCY MEDICAL AND CONSENT FORM**

This form will be made available by the coach at all team practices and athletic contest for each team member to ensure proper treatment by physicians or hospitals in the event of a serious injury.

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

In Case of an Emergency and parents cannot be reached, notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give consent for medical treatment deemed necessary by physicians/trainers designated by school authorities and/or for transportation by ambulance to the hospital emergency room for treatment for any serious illness or injury from his/her participation.

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies or Conditions: \_\_\_\_\_

**MEDICAL INFORMATION RELEASE**

I am aware that if my child sustains any injury and is participating in a school sponsored sport, it is imperative that the athletic trainer or physician be able to communicate with coaches, staff, medical personnel, administration and physicians. I hereby authorize and consent to the release of any pertinent medical information and records regarding the treatment, diagnosis, and/or examination relative to injuries or serious illness that may affect my participation in Easton USD 449 athletics.

\_\_\_\_ I elect to OPT OUT of Medical Information Release \_\_\_\_\_

Parent/Guardian

**CONSENT TO TREAT**

In the event that my child develops an illness or sustains an injury while participating on an Easton USD 449 School athletic team, I hereby grant permission for my son/daughter to receive the appropriate medical care as deemed so by the Certified Athletic Trainer, Physician, or Coach. In the event of a serious illness or injury, I understand that every attempt will be made to contact me. I hereby grant permission to the Certified Athletic Trainer(Atchison Hospital or otherwise) to proceed with any necessary evaluation, monitor medical treatment, and rehabilitation of injuries sustained by my child.

**STATEMENT OF RISK**

We/I, the parents of \_\_\_\_\_ do hereby acknowledge that we/I have been fully advised, cautioned and warned by the proper administrative and/or coaching personnel of easton USD 449 that our/my child named above through participation may suffer serious injury including but not limited to, death, neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being. Minor and moderate injuries are common in athletics and every participant is likely to sustain an injury during his/her athletic career. I fully know, understand, and appreciate the risks inherent in this/these sport(s) and I VOLUNTARILY participate in this activity. I hereby release all Easton USD 449 coaches, certified athletic trainers, team physicians; and school officials for negligence resulting in injury and liability for any injury I sustained while participating in this extracurricular activity.

I have read the above stated consent form, medical information release, and statement of risk and understand my rights as described herein. I understand my son/daughter's assumption of risk; and I authorize consent for treatment and release of my son/sdaughter's information, unless signed above to opt out of the medical information release. This authorization shall expire at the end of the 2020-2021 school year.

Parent/Guardian (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_