Upland Hills® Health

Sports Medicine

CONSENT TO TREAMENT

Print Name: _____ DOB:_____ / _____ / _____ School: Dodgeville Middle School
To be read and signed by the Student-Athlete and the Parent / Guardian if the Student-Athlete is under 18 years old.

1. **CONSENT FOR ROUTINE OR EMERGENCY TREATMENT:** I hereby consent to and authorize the Licensed Athletic Trainers and Sports Medicine Staff of Upland Hills Health, Inc. to evaluate and treat any injury/illness that occurs during the time or as a result of my (or my child's) participation in high school athletics. This includes any reasonable and necessary preventative or emergency care, treatment, and rehabilitation for these injuries/illnesses.

2. **ADDITIONAL INFORMATION:**
    a. I understand that student athletes must refrain from practice while injured/ill, whether or not receiving medical care. When under medical care, student athletes may not return to participation until he or she has been given permission by a physician, his/her delegate, or licensed athletic trainer. This may occur during or at the conclusion of medical treatment. The overseeing physicians have the FINAL authority regarding participation status following injury/illness.
    b. I understand and agree that, as a student athlete, if I experience an injury/illness or change in health status it is my responsibility to inform the head coach and the licensed athletic trainer. Student athletes must adhere to the established injury management guidelines included rehabilitation and reassessment before being released to return to full participation.
    c. c. Student athletes may be referred to additional providers before all of medical problems are known or treated. It is their and their parent/guardians responsibility to make arrangements for follow-up care.

The undersigned certifies that the student athlete and their parent guardian has read this form, understands its content and significance, and is competent to execute and authorized to execute it on the student athlete's behalf.

_____ _____ / _____ / _____
Student Athlete Signature **Date**

_____ _____ / _____ / _____
Parent Guardian Signature (if student athlete is under 18 years of age) **Date**

Upland Hills Health

Sports Medicine

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION - MINOR

Print Name:_____ DOB:_____ / _____ / _____ School: Dodgeville Middle School
To be read and signed by the Parent / Guardian if the Student-Athlete is under 18 years old.

I hereby authorize Upland Hills Health Inc. ("UHH") to disclose to Dodgeville Area School District (including athletic coaches and/or other School District officials) my child's Protected Health Information (written and /or verbal) created or obtained by UHH in the course of conducting athletic training services. This disclosure is made at my request.

UHH may disclose any and all information which it has created or obtained regarding my child's care through athletic training services (including, but not limited to information involving the nature and treatment of any injury/illness, medical history, concussion testing results, insurance coverage and copies of all hospital and medical records).

I understand and acknowledge that:

1. I can revoke this Authorization at any time by giving my written revocation to UHH at the following address: Upland Hill Health, Inc.,800 Compassion Way Dodgeville, WI 53533-0800. My revocation is not effective as to disclosures already made and actions already taken in reliance upon this Authorization.

2. UHH may NOT condition treatment, enrollment, or eligibility for benefits on whether I sign this Authorization.

3. I am authorizing disclosure of information protected under federal law. This information, once disclosed, may be subject to re-disclosure by the recipient and no longer be protected by state or federal law.

4. This Authorization is effective for five (5) years from the date on which it is signed.

5. A photocopy or exact reproduction of this signed Authorization shall have the same force and effect as the original.

_____ _____ / _____ / _____
Printed Parent/Guardian Name **Date**

_____
Signature of Parent/Guardian