



THE UNIVERSITY OF  
KANSAS HEALTH SYSTEM

ST. FRANCIS CAMPUS

**Athletic Trainer Parent/Guardian Consent for Examination and Treatment Form**

Student Name: (Full Legal Name)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Legal guardian/parent name(s):

Emergency Contact Name:

Emergency Contact Number:

School: \_\_\_\_\_

I, as parent or guardian of the student identified above, and have legal authority to grant and do hereby grant permission to any St. Francis Health athletic trainer (“athletic trainer”) on site at any School sanctioned sports practice or competition/event (“event”) to provide such examination and/or treatment within the scope of professional services authorized for such athletic trainer as deemed necessary for any physical condition arising during or affecting participation in such School event as it pertains to the above Student. I also grant permission to release medical information from \_\_\_\_\_ to the Student’s School, to the athletic trainer and to any subsequent examining and/or treating physician or other health care provider as necessary for examination and/or treatment of the student identified herein. This permission to release medical information does not encompass release of any information to the media or to any university or school except that School in which the above named Student is enrolled. I acknowledge and agree that any such athletic trainer may use his/her own judgment in securing medical aid, including ambulance and other emergency medical services as a result of any injury during participation in a School sanctioned event. I specifically consent and agree that the above referenced athletic trainer in addition to the above examination and/or treatment may provide preventative care and treatment of athletic injuries and rehabilitation and reconditioning of athletic injuries.

By signing below, I agree and acknowledge that no athletic trainer (nor the athletic trainer’s employer or supervisor of UKHS - St. Francis Health) assumes responsibility and is not liable for any accident or injury that may occur during the student’s participation in an athletic event. I understand that the athletic trainer (and his/her employer UKHS -St. Francis Health) is not involved in the School athletic program other than providing the athletic trainer services noted herein.

Parent/legal Guardian Signature

Date

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_