

BOILING SPRINGS HIGH SCHOOL  
SPORTS MEDICINE DEPARTMENT  
MEDICAL CONSENT FOR TREATMENT FORM

ATHLETE NAME: \_\_\_\_\_ Year 2008-09

PERMISSION IS HEREBY GRANTED TO THE ATTENDING PHYSICIAN TO PROCEED WITH ANY MEDICAL OR MINOR SURGICAL TREATMENT, X-RAY EXAMINATIONS, AND IMMUNIZATIONS FOR THE ABOVE NAMED ATHLETE. IN THE EVENT OF SERIOUS ILLNESS, OR THE NEED FOR SURGERY, OR THE SIGNIFICANT ACCIDENTAL INJURY, I UNDERSTAND THAT AN ATTEMPT WILL BE MADE BY THE ATTENDING PHYSICIAN TO CONTACT ME IN THE MOST EXPEDITIOUS WAY POSSIBLE. IF THE ATTENDING PHYSICIAN IS NOT ABLE TO COMMUNICATE WITH ME, THE TREATMENT NECESSARY IN THE BEST INTEREST OF THE ABOVE NAMED ATHLETE MAY BE GIVEN.

IN THE EVENT THAT AN EMERGENCY ARISES DURING PRACTICE OR A GAME, AN EFFORT WILL BE MADE TO CONTACT THE PARENTS OR GUARDIANS AS SOON AS POSSIBLE.

PERMISSION IS ALSO GRANTED TO THE ATHLETIC TRAINERS TO PROVIDE THE NEEDED EMERGENCY TREATMENT, REGULAR INJURY TREATMENT AS NECESSARY IN THE BEST INTEREST OF THE ABOVE NAMED ATHLETE.

PERMISSION IS ALSO GRANTED TO THE ATHLETIC TRAINERS TO PROVIDE OVER THE COUNTER MEDICATION IN CASE OF MINOR ILLNESS, WITH OUR TEAM PHYSICIAN CONSENT. EXAMPLES: TYLENOL, ADVIL, PEPTO-BISMOL, NAUSATROL, IMMODIUM AD, SORE THROAT SPRAY, SUCRETS, COLD TABLETS, ELECTROL, FOS-FREE, SLO SALT-K, POWER-AID.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ATHLETE

\_\_\_\_\_  
DATE

**RELEASE OF MEDICAL RECORDS AND MEDICAL INFORMATION**

**I AUTHORIZE THE RELEASE OF ANY AND ALL MEDICAL RECORDS AND INFORMATION TO THE ATHLETIC TRAINERS AND PHYSICIANS OF BOILING SPRINGS HIGH SCHOOL SPORTS MEDICINE, BOILING SPRINGS FAMILY MEDICINE, ORTHOPAEDIC SPECIALTIES OF SPARTANBURG, PALMETTO ORTHOPAEDICS, DISTRICT TWO SCHOOL NURSE.**

I ALSO AUTHORIZE THE SPORTS MEDICINE STAFF OF BOILING SPRINGS HIGH SCHOOL TO RELEASE MY MEDICAL INFORMATION TO THE COACHING STAFF AND SCHOOL PRINCIPAL AS WELL.

ATHLETES SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BOILING SPRINGS HIGH SCHOOL  
SPORTS MEDICINE DEPARTMENT  
EMERGENCY INFORMATION

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SS# \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK PH. \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK PH. \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

OTHER EMERGENCY CONTACTS, PLEASE LIST:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

ORTHOPEDIST \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

PRESENT GRADE \_\_\_\_\_

SPORTS YOU PLAN TO PLAY: PLEASE CIRCLE

FOOTBALL      BASKETBALL      SOCCER      CHEERLEADING      VOLLEYBALL

TENNIS      CROSS-COUNTRY TRACK      BASEBALL      SOFTBALL      GOLF

WRESTLING      Color Guard      Swimming

BOILING SPRINGS HIGH SCHOOL  
SPORTS MEDICINE DEPARTMENT  
AWARENESS OF RISK OF INJURIES

**This document is to warn parents/guardians and athletes that injuries can occur during participation in interscholastic athletics.**

There have been many improvements made in protective equipment to reduce injuries in the game of football, and other sports over the years. There has been many rule changes, changes in coaching techniques, advances in sports medicine – all for the purpose of decreasing injuries and protecting the athletes.

Relative to the number of injuries and deaths that occur on the highways with cars, cycling, and pedestrians, football and other sports would rate low on the scale. Sports like swimming, rafting, boating, racing, all produce more catastrophic injuries than football and other sports here at Boiling Springs High School by a considerable amount.

It is important, however, for you to know that injuries do occur in football and other sports at Boiling Springs High, and that some of these injuries can be catastrophic in nature. Catastrophic means permanent, serious injury such as total paralysis, partial paralysis, even death. It is possible for participants and parents to fully understand this before participating in any sport.

All must share the responsibility for sports safety. I, the undersigned, am aware that there is a certain risk of injury involved in my participation in the Athletic Program at Boiling Springs High School. It is understood by the school and myself that signing this document does not relieve the school of its responsibilities toward my welfare. It is intended to indicate that I understand the responsibility is shared and to acknowledge that there is a risk of injury in any activity.

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Signature of Parent/Guardian

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Date

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Student Signature

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Date

SPORTS MEDICINE DEPARTMENT  
MEDICAL INSURANCE COVERAGE

Insurance coverage is required to participate in interscholastic athlete teams. We do have a supplemental insurance policy that covers what the parent insurance does not cover. In situations where the Parents/Guardians do not have medical insurance coverage on the athlete, the supplemental policy will pick up some of the medical bills.

The athlete's cost for this insurance is \$0.00. The Athletic Department will pay the cost for the insurance.

To help you to fill out claim forms on the supplemental insurance you will need primary insurance carrier information and the following items:

1. Insurance form with part B signed by parent
2. Copies of all bills from doctors.
3. Copies of your primary insurance payment to doctor.

Please provide the following information that will help us to complete the necessary paperwork for doctor referrals. (**SEE COACH MASON FOR CLAIM FORMS if you are injured**)

Hank W. Mason, LAT  
Head Athletic Trainer

Name of responsible party \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Relationship: Self \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Guardian \_\_\_\_ Other \_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Father Wk Ph \_\_\_\_\_ Mother Wk Ph \_\_\_\_\_  
Occupation of Father/Male Responsible Party \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Occupation of Mother/Female Responsible Party \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Occupation of Spouse (if applicable) \_\_\_\_\_  
Place of Employment (if applicable) \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
Do you have other health and/or accident insurance plan (other than athletic)?  
Self: yes\_\_no\_\_    Father: yes\_\_no\_\_    Mother: yes\_\_no\_\_  
Guardian: yes\_\_no\_\_    Spouse: yes\_\_no\_\_  
Is the injured person covered by other health and/or accident insurance plan?  
Yes      No      If yes, effective date (month, day, year) \_\_\_\_\_  
Name of other health and accident insurance company \_\_\_\_\_  
Employer Sponsored? Yes\_\_no\_\_

BOILING SPRINGS HIGH SCHOOL  
SPORTS MEDICINE DEPT.  
HELMET WARNING FOR ATHLETICS

**DO NOT USE HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER. SPEARING IS IN VIOLATION OF THE FOOTBALL RULES AND SUCH USE CAN RESULT IN SEVERE HEAD OR NECK INJURY.**

**PARALYSIS OR DEATH TO YOU AND POSSIBLE INJURY TO YOUR OPPONENT CAN RESULT FROM IMPROPER USE OF THE HELMET.**

**NO HELMET CAN PREVENT ALL HEAD INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN FOOTBALL**

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ATHLETE

\_\_\_\_\_  
DATE

## **WARNING**

**DO NOT USE THIS HELMET TO BUTT, RAM, OR SPEAR AN OPPOSING PLAYER. MEANING DO NOT HIT WITH THE TOP OF THE HELMET OR THE FACE MASK OR STRIKE FIRST WITH THE HELMET OR HEAD.**