



Informed Consent and Consent for Medical Treatment

Student Athlete Name: _____ Sport: _____

Informed Consent for School Athletic Participation

By its nature, participation in high school athletics helps students improve their self-image, learn teamwork, and enhance their athletic abilities. However, associated with the benefits of team sports are potential risks of injury which may range in severity from a minor medical issue to a long term catastrophic issue. Some injuries could include, but are not limited to, the potential for sprain or bone fracture, concussion, permanent paralysis and/or death.

Although serious injuries are not common in supervised high school athletic activities, it is possible to minimize the potential for injury. As a participant, student athletes should take the initiative and responsibility to help reduce the chances of injury by:

- Following a proper conditioning program;
- Protectively inspecting all equipment daily before use;
- Obey all safety rules;
- Report all athletic injuries to parents, coaches, and/or the certified athletic trainer.

By signing this form, I acknowledge that I have read and understand these risks of participating in Laville Jr/Sr High School Athletics, and do not hold Laville Jr/Sr High School or Beacon Health System, its associates, Board of Trustees, insurers, and any other Laville Jr/Sr High School or Beacon affiliates responsible for injuries incurred while participating in athletics for Laville Jr/Sr High School. I also acknowledge that my son/daughter student athlete also understands these potential risks, and agrees to participate with the preventative measures mentioned about and the high school athletic program activities.

Parent/Guardian Signature (if athlete is <18yr): _____ Date: _____

Student Athlete Signature (if student is over 18): _____ Date: _____

Consent for Medical Treatment

I hereby grant permission to Laville Jr/Sr High School and Beacon Health System associates, physicians, and/or other necessary Laville Jr/Sr High School or Beacon associates to provide medical care to my son/daughter in the event that he/she become injured while participating in school athletics. I understand that any treatment, medical or surgical care that is provided to him/her will be given only when considered medically necessary for his/her health and well-being. By signing this form, I acknowledge that I have read, understand and agree to this consent for medical treatment.

Parent/Guardian Signature (if athlete is <18yr): _____ Date: _____

Student Athlete Signature (if student is over 18): _____ Date: _____