



**MEDICAL CONSENT TO TREAT
STATESBORO HIGH SCHOOL
2018-2019**

Student Name _____

The undersigned grants the representative from Optim Sports Medicine Center and its employee's parental consent for your child's pre-participation screening and assessment/treatment of your child's injuries that he/she may suffer during the school year.

I give permission for the school official, chaperone, or representative of the Optim Sports Medicine Center, involved in the activity with my child, to seek medical aid, render first aid if such attention is necessary in the sole discretion of said person involved. In case of emergency and when I cannot be immediately reached by telephone or otherwise, I give permission to the physician selected by the school officials to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery for my child. I agree to be responsible for all medical expenses incurred in connection therewith. In the event the School incurs expenses for medical treatment, then and in that event I agree to reimburse said institution in full.

THE UNDERSIGNED CERTIFIES THAT HE/SHE READ AND UNDERSTANDS THE ABOVE.

Parent/Guardian Signature

Date

**CONSENT FOR A PRE-PARTICIPATION EVALUATION (PPE)
(*Must be signed if participating in Optim-provided Spring Physicals*)**

I hereby authorize and consent to having Dr. Robert Wagner and Optim Sports Medicine Center Athletic Trainers and/or their consulting physician(s)/physician assistant(s) perform a Pre-Participation Evaluation (PPE) on my child for the **2018-2019** school year. I understand that this PPE is a health screening and is not intended to take the place of the physical exam that can be performed by a physician. I understand that the scope of this PPE (medical history, blood pressure/pulse screen, and heart/lung auscultation) WILL NOT IDENTIFY many of the medical problems known to be associated with sudden death in athletes. Some of those medical problems include but are not necessarily limited to cardiac abnormalities, pulmonary abnormalities, aneurysms, and/or sickle cell trait.

I hereby fully and forever release and discharge Statesboro High School, Dr. Robert Wagner, Optim Sports Medicine Center., its subsidiaries and affiliated corporations, and their respective directors, trustees, officers, employees and agents and my physician(s) or any other person participating in my care from any and all claims, demands, damages, rights of acting or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the completion of this PPE.

I understand that this PPE is being carried out with my consent and so assume full responsibility for the limitations of this PPE in detecting many of the health problems associated with sudden death in athletes.

Parent/Guardian Signature

Date

Please complete/sign/date every line (if applicable) in order for your student athlete to be eligible to participate.



Statesboro High School

Blue Devil Parents,

Statesboro High School, Optim Sports Medicine, and Dr. Robert Wagner are excited to offer Spring Physicals to any SHS athlete who desires to try out for a sport at SHS during the 2018-2019 school year. The sports physical would be valid for the entire 2018-2019 school year and will cost \$10. As always, SHS student-athletes have the option of using their primary care physician to obtain a physical.

In order to take part in the pre-participation evaluation and physical, the following items must be completed, signed, and turned in by the end of the day **Wednesday, April 11th** to Ms. Beasley in the athletic office:

- Medical Consent to Treat Form
- Statesboro High School / Optim Athletic Participation Form 2018-2019
- Statesboro High School Travel / Insurance Form 2018-2019
- Georgia High School Association Student / Parent Concussion Awareness Form 2018-2019
- Pre-Participation Physical Evaluation History Form (Front and Back)

The timeline for the pre-participation evaluation and physical is:

- April 12th to April 20th – Pre-Participation Evaluations conducted during students' PE (or other elective) class
 - Rising 9th Graders conducted after school April 23rd and 24th in the Fieldhouse
- April 25th – Physical conducted during students' elective class (\$10 due at this time)
 - Rising 9th Graders conducted after school April 25th

The GHSA requires that each student-athlete must have an annual physical examination on file (see information from the GHSA Constitution and By-Laws below).

Students must have a certificate of an annual physical examination on file at the school prior to participating in any athletic try-outs, practices, voluntary workouts or games that indicate the students are physically approved for participation. Physical examinations will be good for twelve (12) months from the date of the exam. EXCEPTION: Any physical examination taken on or after April 1 in the preceding year will be accepted for the entire next GHSA school year.

If you have any questions, feel free to call the SHS Athletic Office at 912-212-8860 or email me at cprosser@bullochschools.org.

Go Devils!

Chad Prosser
Athletic Director