Spectrum Health Medical Group--Sports Medicine Consent Form

I understand that _____ School has contracted with Spectrum Health Medical Group for the provision of sports medicine services, including services furnished by Spectrum Health employed medical providers and athletic trainers to student-athletes. The sports medicine services furnished by medical providers and athletic trainers include, but are not limited to, the following services:

- Evaluation of orthopedic injuries and general medical concerns
- Treatment of orthopedic injuries, including, but not limited to:
  - Injury/illness education and care recommendations
  - Modalities: Ice, Heat, electrical stimulation and ultrasound
  - Exercise prescription/Home exercise programs
  - Manual therapy techniques
- Injury prevention and strength and conditioning programs
- Event coverage, injury management, and assistance with management of participation status

Photographic, video and telemedicine technology may be used for purposes of identification, diagnosis and/or documentation of an injury or condition. This allows athletic trainers to send electronic images to off-site medical providers and athletic trainers, for consultation purposes. Spectrum Health requires that an adult (e.g. parent, coach, or teacher) must be present with the student-athlete whenever photographs and/or video images are taken. Use of any photographs, video, or telemedicine technology must follow Spectrum Health Standards.

I hereby give my permission and consent for Spectrum Health-employed medical providers and athletic trainers:

- To furnish sports medicine services to the student-athlete named below.
- To communicate with coaches regarding matters related to the condition and treatment of the student-athlete named below.
- When clinically appropriate, to use photographic, video and telemedicine technology while providing sports medicine services to the student-athlete named below.

_____ _____ Date:_____

Parent/Guardian Signature Parent/Guardian Printed Name

Emergency Contact Information

Student/Athlete Name:_____**Team:**_____ **Grade:**_____

Date of Birth:_____ **Age:**_____ **Cell Phone:**_____

Home Address:_____

Street **City** **State** **Zip**

Parent/Guardian:_____ **Relationship to Student:**_____

Home Phone:_____ **Cell Phone:**_____

PLEASE RETURN THIS FORM TO YOUR ATHLETIC TRAINER