



Athletic Training Contract/Emergency Information

Dear Parents,

Tri Valley Orthopedic Specialists provides Athletic Training services for Amador Valley High School if an athlete is injured at practice or during a school sponsored competition. These services include: 1) On-field injury management, 2) Evaluation of injury, and 3) Post-injury treatment plan in conjunction with our rehabilitation department (Physical Therapy). The purpose of this letter is to inform you of our services and to **request your authorization to treat your son/daughter in our sports medicine clinic or athletic training room, in the event an injury should occur.** Following the evaluation of your son/daughter's injury, we will notify you *and* your son/daughter's coach regarding their status and an appropriate treatment plan. ***WE ARE UNABLE TO TREAT YOUR SON or DAUGHTER WITHOUT THIS COMPLETED AND SIGNED AUTHORIZATION.***

Please sign this letter, complete the emergency information and return ***THREE (3) COPIES*** of it to Student Activities at Amador Valley High School. **If you have any further questions relating to this program, please contact Diana Hasenpflug, MS, ATC, at 925.895.9244.** Thank you for your assistance in caring for our athletes.

Diana Hasenpflug, MS, ATC

Athletic Trainer, Amador Valley High School

Student Name: _____ Student ID: _____

RELEASE OF LIABILITY

I hereby grant permission to the athletic training personnel to assess the injury and make appropriate recommendations upon assessment deemed reasonably necessary to the health and well being of the athlete named. I understand this assessment is not intended to replace a physician's diagnosis/care and should not be viewed as substitute. In the event that the athletic training personnel determine that further medical attention is deemed necessary, the athlete will be referred to a physician immediately. I understand that in the event that no progress has been made within 2 weeks of the initial evaluation, the athletic training personnel reserves the right to defer treatment at that time, and the appropriate referral will be made. I further release Tri-Valley Orthopedic Specialists and employees from any liability for damage and injury to the named athlete and hereby accept the full responsibility for any damages or injury sustained as a result of participation in sports and extracurricular activities. I attest that the student information is correct to the best of my knowledge. I have reviewed all information and hereby give consent for the assessment of injury to the named student athlete.

Signature of Parent/Guardian Date

Signature of Student Athlete Date

Emergency Contact Information

Last Name: _____ First Name: _____ M.I.: _____

Gender: _____ Age: _____ Birthdate: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Parent/Guardian Name(s): _____

Parent/Guardian Address: _____

Parent/Guardian: Home Phone: _____ Cell Phone: _____ Work Phone: _____

If neither parent can be reached by phone in case of emergencies, please call the following contact:

Name: _____ Relation: _____ Home Phone: _____ Work Phone: _____

Physician's Name: _____ Physician's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Additional Instructions: (hospital preference, etc.) _____

Medical History: (circle yes or no for each question)

- | | |
|---|---|
| 1. Has your Child ever been hospitalized? Yes / No
2. Has Your child ever had chest pain during or after exercise or had high blood pressure? Yes / No
3. Has your child ever had a seizure? Yes / No
4. Does your child have trouble breathing during/after Activities? Yes / No
5. Does your child have any allergies? Yes / No | 6. Has your child ever had surgery? Yes / No
7. Has your child ever been told they have a heart murmur? Yes / No
8. Has anyone in your family died of heart problems or sudden death before age 50? Yes / No
9. Has your child ever had any other medical problems? Yes / No
10. Is your child presently taking any medications? Yes / No |
|---|---|

If you answered YES to any of the above, please explain and/or list any medications or allergies: _____