



Consent to Treat and Authorization for Release of Medical Information

I hereby authorize medical treatment for said athlete at _____ (name of educational institution) by the athletic trainers, physicians, and staff of Orthopaedics Northeast, P.C. A family member can be reached at _____ (phone number) in the case that additional treatment or information is required. I understand that if the said athlete is seen by a physician at Orthopaedics Northeast, P.C. and my insurance requires prior approval, I will be responsible for notifying my family physician.

I also hereby authorize the release of any and all information regarding any medical treatment received by me for injury or illness while participating in athletics at said educational institution to that institution's Athletic Training staff, which consists of employees of Orthopaedics Northeast. I expressly authorize communications between the Head Athletic Trainer, or any designated member of the athletic training staff, and physicians at Orthopaedics Northeast, or any other physician or health care professional regarding my physical condition as it relates to my participation in athletics at said institution. I also authorize the athletic training staff to release said information to said institution's administration and to my current coaching staff for the purpose of informing them of my playing status.

If I am over 18: I authorize the athletic training staff to release my medical information to my parent(s)/guardian(s).

If I am younger than 18: As the parent/legal guardian, I authorize the athletic training staff to release my minor athlete's medical information to my minor athlete.

Orthopaedics Northeast employees may disclose information to the aforementioned individuals; however, this does not prevent those individuals from disclosing the information further, and Orthopaedics Northeast will not be held responsible for such further disclosure of information.

This authorization is valid until and unless revoked by me in writing.

A photocopy of this authorization shall be considered as valid as the original.

NAME _____ DATE _____

S.S.# _____ DATE OF BIRTH _____

SIGNATURE _____

WITNESS _____

Signature of parent/guardian if the athlete is under the age of 18:

SIGNATURE _____ DATE _____

WITNESS _____