



STUDENT ATHLETE CONSENT FOR MEDICAL TREATMENT AND CARE

I, _____, parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency or non-emergency basis may be necessary and recognize that school personnel at Moody ISD may be unable to contact me for my consent for such medical care. I hereby authorize to emergency and non-emergency care, including hospital care, as may be deemed necessary under the existing circumstances at that time. The purpose of this release is to authorize Moody ISD to obtain, through the supervising athletic trainer or physician, any medical care that may become reasonably necessary for the student in the course of school athletic activities or school travel.

Additionally, I give my permission and consent for the evaluation and treatment of my student by the supervising athletic trainer at Moody ISD, Branden Urbanovsky, LAT, ATC and/or the sports medicine staff at Southwest Sports Medicine and Orthopedics.

I hereby consent to the Sports Medicine staff at Moody ISD and at Southwest Sports Medicine and Orthopedics to provide evaluation, medical treatment (including emergent or urgent treatment if necessary) to my student, _____ including hospitalization and physician follow-up according to their medical judgment.

I have read this form, understand it and agree to the terms and conditions.

Parent Signature & Date _____ Date: _____

Athlete Signature & Date _____ Date: _____

Additionally, you as the parent or guardian, may choose for the Athletic Trainer at Moody ISD, Branden Urbanovsky, LAT, ATC to be able to provide your student with one dose of over the counter medication per day if the need arises. These medications are limited to Ibuprofen, APAP (acetaminophen), Mediproxen (naproxen sodium), and Diphen (antihistamine). If you agree to grant the supervising Athletic Trainer permission to provide your student with any of these medications according to her medical judgement, please sign below. **If you do NOT want to grant permission for your student to receive any medication, contact the Athletic Trainer directly at branden_urbanovsky@moodyisd.org before the first day of practice.**

Parent Signature _____ Date: _____