



Hayward High School
15930 W. 5th Street
Hayward, WI 54843

Dan VanderVelden, Principal
Doug Stark, Assistant Principal
Billy O'Brien, Athletic and Activities Director

**HAYWARD HIGH SCHOOL ATHLETICS
STUDENT/PARENTAL CONSENT FOR MEDICAL TREATMENT AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

I give my consent for the Certified Athletic Trainer (ATC) and team physician within the scope of their training and certification to:

1. Render immediate care to my child in the event of a medical emergency
2. Evaluate and treat non-emergency sport-related injuries and health problems (at practices, contests, and in the athletic training room)
3. Dispense equipment and supplies (e.g., crutches, braces, compression wraps, etc.) as may be required for the prevention or treatment of sport-related injuries
4. Prescribe (team physician) and/or to dispense non-narcotic, non-steroidal oral medications as may be required for the treatment of sport-related injuries and health problems
5. Communicate to my child and my child's coach(es) such medical information as pertains to my child's readiness to participate safely in athletics
6. Share medical information with only other health care providers (e.g. my pediatrician or family physician, specialists, physical therapists, other athletic trainers, etc.) as appropriate
7. I give my consent to have student athletic trainers participate, under supervision of the Certified Athletic Trainer (ATC), in the care of my child
8. I give my consent for my child to participate in ImPACT testing for suspected head injuries. This test will be used for contact sports only unless otherwise requested. For more information, visit www.impacttest.com

The foregoing consents will remain valid unless, and until, written notification to the contrary is made by me. I may revoke them at any time.

