

CENTER GROVE ATHLETIC INFORMATION AND SIGNATURE CARD

Athlete Name _____ **Grade** _____ **Student Cell Phone** _____
Home Address _____ **Home Phone Number** _____
Guardian's Name _____ **Guardian's Phone Number** _____
Emergency Contact Name _____ **Emergency Contact Phone Number** _____

In an emergency, when it is impossible to contact you, do you authorize the school to take your child to the nearest hospital? Yes _____ No _____

Hospital Preference in case of emergency: A. _____ B. _____

Does your child have health insurance? Yes _____ No _____ Carrier: _____ Policy # _____

Primary Care Physician: _____ Phone: _____

Administration of OTC (over the counter) Medications: School personnel (athletic trainer, coaches etc) may administer the following non-prescription pain relievers:
 Acetaminophen (Tylenol or generic) Yes _____ No _____ Ibuprofen (Advil, Motrin, or generic) Yes _____ No _____

After reviewing HEADS UP CONCUSSION FACT SHEETS FOR PARENTS AND ATHLETES; AND THE SUDDEN CARDIAC ARREST FACT SHEETS FOR PARENTS AND ATHLETES,

***SEE REVERSE SIDE FOR CONCUSSION AND SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES**



Orthopedics & Sports Medicine

Permission to Access, Receive and Release Protected Health Information

I understand that Center Grove Community School Corporation (CGCSC), IU Health and its affiliates provide and support the athletic trainer(s) and/or team physician(s) providing healthcare coverage for CGCSC student athletes and may access and request protected health information regarding the athlete's health status from healthcare providers, and I hereby give my permission for the access, receipt and release of this protected health information as it pertains to my child's ability to safely participate in athletics. The protected health information pertains to past and present health. Permission for a healthcare provider to access and release medical information and/or records to another healthcare provider is given to allow for monitoring the health of and timely treatment of my child should it be necessary. I also give my permission to release this information to coaches and other school officials when it relates the athlete's ability to participate. This request is to facilitate access and open communication between CGCSC, IU Health, athletic trainers, other healthcare providers and school officials in order to optimize the delivery of care to the athlete and to monitor the athletes' physical health. This information cannot and will not be released to any other parties without first being approved by the parent or guardian of the athlete. This consent will expire upon (a) the athlete's eligibility to participate in school sports, according to school and IHSAA policies, as amended from time to time or (b) revocation of the consent. I understand that I have the right to revoke this consent at any time by informing the Center Grove High School athletic director, in writing, of my intent to do so and that in doing so the student-athlete may be declared ineligible to participate in athletics at CGCSC. In the event I revoke consent, it will not have any effect on actions taken by CGCSC, IU Health, athletic trainers or other health care providers who obtain access based on this consent prior to receipt of the revocation. I have thoroughly read and understand the information above and consent to all provisions set forth. I have had the opportunity to ask questions.

Printed Name of Parent/Guardian _____ **Printed Name of Student-Athlete** _____ **Date** _____

Signature of Parent/Guardian _____ **Signature of Student Athlete** _____ **Date** _____