

BARE ESSENTIALS SPORTS MEDICINE CONSENT FOR MEDICAL TREATMENT

I, _____, as an Amateur or Professional BMX Athlete receiving FREE INJURY & HEALTH CARE, consent to the medical treatment for athletic related injuries/illnesses provided by Trish Bare Grounds and/or Bare Essentials Sports Medicine Team Personnel and /or Hospital Medical Staff. I authorize treatment by such personnel in the event of injury or illness. I understand medical treatment **may include but is not limited to:** general first aid care for sports injuries and wounds, evaluation for possible illness or disease, preventative taping, stretching, modalities such as heat or ice, acupuncture, chiropractic care, medication (either over-the-counter or prescription medication, Rx only administered by a physician), soft tissue massage, suturing/stitches, splinting/casting, being fitted for a sling, crutches or orthotics, as well as basic and/or advance life support.

(Athlete's Signature) (Date) Sport & Discipline

Athlete's Date of Birth _____ City/State of Residence _____

As a parent or legal guardian of _____, who is under the age of 18, I hereby authorize medical treatment in the event of an injury or illness or as preventative measures as provided FREE OF CHARGE by Trish Bare Grounds and/or Bare Essentials Sports Medicine or by a member of Bare Essentials Sports Medicine Personnel and/or Hospital Medical Staff. I understand medical treatment **may include but is not limited to:** general first aid care for sports injuries and wounds, evaluation for possible illness or disease, preventative taping, stretching, modalities such as heat or ice, acupuncture, chiropractic care, medication (either over-the-counter or prescription medication, RX only administered by a physician), soft tissue massage, suturing/stitches, splinting/casting, being fitted for a sling, crutches or orthotics, as well as basic and/or advance life support.

(Parent/Guardian Signature) (Date) Sport & Discipline

All medical evaluations completed by Bare Essentials Sports Medicine Personnel for athletic injuries are considered confidential and will be filed at the Bare Essentials Sports Medicine Office. Copies of medical injury forms can be requested verbally from the BARE ESSENTIALS SPORTS MEDICINE Owner & Medical Coordinator, Trish Bare Grounds, by the injured athlete, or parent of a minor athlete at the time of injury or requested in writing at a later date. The original injury report form will remain on file in the Bare Essentials Sports Medicine Office. No information about an individual athlete will be released without that athlete's permission in accordance with HIPAA Guidelines. Information pertaining to injury data without using an athlete's name will be released to the Medical Director, the Medical Coordinator or their assistants for purposes of injury research.

I give permission to Trish Bare Grounds & Bare Essentials Sports Medicine to provide limited on-going injury information to be shared with the medical staff of events I will be competing/performing in order to maintain consistency in injury/illness care for myself. I know at anytime I can decline this permission and information will not be shared with the requested competition medical staff. Competitions may include but are not limited to: Dew Tour, Winter Dew Tour, X Games, LG/ASA Events, etc.

_____ I Agree to Allow Information Sharing for All Events _____ I DO NOT Agree to Allow Information Sharing for any Event

_____ I Agree to Allow Information Sharing with the following exceptions/exclusions: _____

(Athlete's Signature) (Parent/Guardian Signature) (Date)



www.bareessentialssportsmedicine.com