



Parent/Guardian Medical Treatment Release

This authorization/consent will allow health care providers, trainers, and staff employed by St. Agnes Academy-St. Dominic School (the "School") or acting on its behalf to provide the student-athlete (the "Registered Participant") with medical services and treatment as set forth below.

I/We further grant permission to the School and those employed by or acting on its behalf including, but not limited to the MSK Group, P.C., health care providers, athletic trainers, coaches, staff, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the Registered Participant.

By the execution of this consent, the Registered Participant and his/her parent/guardian(s) do hereby authorize MSK, its Athletic Trainers, employees and staff (or their designee) to render any and all medical evaluation and/or treatment, including without limitation, the use of necessary x-rays, injections, casting, bracing, or other diagnostic tests, during my participation in activities with the School or due to any injury that I may sustain while on School premises or incurred during my participation in School-related events. I further authorize MSK, its Athletic Trainers, employees and staff (or their designee) to render any necessary follow-up medical evaluation and/or treatment, including without limitation, the use of x-rays, injections, casting, bracing or other diagnostic tests, performed at MSK or any of its affiliated clinics.

Print Name of Athlete

Signature of Athlete

Date

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Expiration – This consent will expire upon the later of the student’s graduation or the completion of the student’s participation in School-related events.



ORTHOMEMPHIS