

Yellowstone Sports Medicine

Permission to Treat, Consent and Authorization for Release of Medical Records

Student Athlete Name: _____
(please print)

Dear Parents,

Yellowstone Sports Medicine and Jimmie G. Biles M.D. are pleased to continue providing the Big Horn Basin with outstanding sports medicine orthopedic care and Certified Athletic Trainers as we have for over 15 years.

Permission for Medical Treatment

Permission is hereby granted to the certified athletic trainers, Jimmie G. Biles, M.D., and other medical professionals of Yellowstone Sports Medicine to proceed with any medical treatment, either minor or emergency, deemed necessary in the event that the above named student athlete sustains an injury/illness during participation in interscholastic athletics. This permission for medical treatment covers the period of the entire school year for games, practices, events, activities, etc. I understand that every effort will be made to contact me (the parent/legal guardian) prior to treatment. **I also understand that I am under no obligation to use Jimmie G. Biles, M.D. and his Athletic Trainers over a physician of my choosing.**

Consent and Authorization for Release of Medical Records (HIPPA release)

I understand that medical information for any injury incurred during the sports year may be shared with the athlete, his/her parents/legal guardians, other medical providers, and the athletic training staff, Yellowstone Sports Medicine staff, and PCSD#6 staff only if this medical information is felt to be useful or helpful in the treatment of that injury or the safety of the injured athlete.

Acceptance of Risk

As per the Student Handbook which has been read by both the athlete and parent/legal guardian as indicated by signing the Acceptance of Risk on the yearly physical form.

Student Athlete Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Contact Information

Home Phone: _____ Cell Phone: _____