

## **CONSENT TO TREAT FORM**

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Inters of school or district) requires as a pre-condition provide written consent to the rendering of nemedical provider (QMP) employed or otherwise necessary to prevent harm to the student/athle physician assistant or nurse practitioner licens is located at the time the injury/illness occurs their designated state license and any other recomay also be a certified paramedic or emergency care and transport as designated by state regordecisions about return to play.	on of parcessary e designete. It is ed by the ), and verticeme y medic	rticipation in into sports medicine nated by the scho sunderstood tha he state of Arizo who is acting in a ent imposed by A al technician, bu	erschol service ool/dist t a QM na (or t accorda rizona l t only fo	astic a es to the rict/AI P may the sta ance we law. In or the	ctivities, that a neir minor athl A, to the exten be an athletic t te in which the ith the scope of emergency sit ourpose of prov	parent/gua ete by a qua t the QMP d rainer, phys e student/at of practice u uations, the viding emerg	alified eems ician, hlete under QMP gency
PLEASE PRINT LEGIBLY							
"l,,	the	undersigned,	am	the	parent/legal	guardian	of,
, a mii	nor and	student/athlete	at				_ who
intends to participate in interscholastic sports	and/or	activities.					
services (as also defined above) to the school's and that on certain occasions there are sport during which other QMP's are responsible for purchased provided any such sports medicine on return to play in accordance with the definited by Arizona law. I also under provided to the above-named minor, may be such services to the above-named minor to discondition, treatment, rehabilitation and return are required to have such information in order and to protect the health and safety of the minor's coaches, athletic director, school accommodation to assure the student/athlete. If the parent believes that the minor is in need the minor may be treated by the physician or regarding same day return to activity following school/district/AIA.  Signature	-related providing e service ned sco stand the maintai close su to play to assur ninor. I nurse, 's recov	d activities condu- ng such sports me es to the above- ope of practice u nat documentation ined by the QMP uch information a status to those w re optimum treat understand such any classroon ery and safe retu- ther treatment o	ucted a edicine named nder thon pert 2. I her about the who, in ment find disclorate urn to a r rehaba	way fr service minor ne des raining reby au the athle the pro- or and osures her re- activity	om the school es. I hereby gives. I hereby gives. The QMP may sports of the any sports of the country of the co	/district factive consent to you make decidense, excemedicine seronsess, assessment of the injury/ill to above-narovide acacting QMP.	cilities o any isions ept as rvices wides ment, QMP, Iness, amed demic