

**HAMILTON HIGH SCHOOL**  
***Injury Evaluation***  
***Permission Form***

At Hamilton High School, the health and well being of your son or daughter is the highest priority of the Sports Medicine Team. Injury is always possible while participating in athletics. The Hamilton Sports Medicine Team requests permission to evaluate and or treat your son or daughter if the need arises.

Please sign and date the permission form below.

***Hamilton Sports Medicine Team***

- 1) Lance A. Michel, MEd., ATC  
*Head Certified Athletic Trainer*  
*Hamilton High School*
- 2) Assistant Certified Athletic Trainer  
*Hamilton High School*
- 3) Matthew D. Overlin, MPAS, PA-C, ATC  
*Orthopedic Physicians Assistant*  
*THE ORTHOPEDIC CLINIC*  
*TOCA*  
[www.tocamd.com](http://www.tocamd.com)  
*(602) 277-6211*
- 4) P. Dean Cummings, M.D.  
*Orthopedic Surgeon, Sports Medicine*  
*THE ORTHOPEDIC CLINIC*  
*TOCA*  
[www.tocamd.com](http://www.tocamd.com)  
*(602) 277-6211*

**Permission Form**

\_\_\_\_\_  
(Print Please) Name of Student/Athlete

I, \_\_\_\_\_ give members of the Sports Medicine  
(Print parent/guardian name)  
Team permission to evaluate and or treat my son or daughter.

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian Signature)