

CONSENT FOR TREATMENT

Date of Birth:____

Minor's Name:____

I hereby authorize physicians, nurses, athletic trainers, or any other healthcare provider (collectively "providers") of Broward Health ("BH") to conduct routine medical, medical screening, diagnostic, or any other procedure deemed necessary in order for the above minor child ("child") to participate in school athletics. In the event that an injury occurs to child while participating in school athletics, I further authorize and give permission to providers to render to my child appropriate and necessary care at that time. This may include but not be limited to the rendering of first-aid or emergency treatment. If medical necessity exists beyond that which can be reasonably dealt with on school grounds I further authorize and give permission to providers to arrange for professional medical transport to a medical facility. I understand that every effort will be made to contact the parent or guardian in the case of a medical emergency.		
I understand that BH is a teaching facility and that medical, nursing, and other health care personnel in training may participate in child's care and that these individuals are not necessarily employees or agents of BH. I also understand that BH contracts with physicians and physician groups to provide services to patients, and that they may be independent contractors and are not necessarily the agents or employees of BH. I understand that BH is not legally responsible for the acts and omissions of its independent contractors or these individuals that are not employees or agents of BH. I acknowledge that no guarantees have been made to me regarding the results of any examination, care or treatment to be provided by any BH agent.		
Signature of Parent(s)/Guardian	Date Signed	Relationship to Minor
Name of Parent(s)/Guardian		
Pre-existing medical condition:		
Medication:		