PATIENT LABEL AREA

SPORTS MEDICINE AND ORTHOPEDIC CARE
CONSENT TO TREAT–YOUTH

CONSENT TO TREAT

I am the parent/legal guardian of the child named below. I permit St. Luke's University Health Network and its personnel to deliver health care and treatment to my child at Blue Mountain School District practice and games by appropriately qualified health care providers (athletic trainers, physical therapists, physicians, etc.). Such health care and treatment may include providing first aid and initial management of injuries, rehabilitation, musculoskeletal screening, evaluation and referral of injuries and management of injuries as may be deemed necessary or advisable by St. Luke's personnel in the treatment and diagnosis of my child.

I understand that this consent will remain in effect until my child ceases to be a member of the Program or until this consent is revoked by me by sending a written notification to St. Luke's, 1441 Schoenersville Road, Bethlehem, PA 18018, Attention: Senior Network Administrator, Sports Medicine Relationships.

FREE CHOICE OF PROVIDER

Nothing contained in this consent form shall in any way require or suggest that a child shall be required to seek care with St. Luke's, any Physician, or any affiliate of St. Luke's at any time whatsoever. Families are free to seek care for any injury/illness at any hospital, health care facility, provider, or physician. Nothing contained in this consent is intended to require and nothing herein shall be construed to require the family or the Program to make or influence referrals to, or otherwise generate business for, St. Luke's, any Physician, or any affiliate of St. Luke's.

Child's Name: ______________________________ **Date of Birth:** ______________

______________________________ **Relationship:** ______________
Parent / Legal Guardian Name (*print*)

____
Parent / Legal Guardian Address: (*print*)

City: ______________________________ State: ________ Zip: ____________

Parent/Legal Guardian Emergency Contact Number (First): _______ – _______ – _______

Parent/Legal Guardian Signature: ______________________________ **Date:** ____________