

# University Lab School Athlete Information and Consent Form 2009 - 2010

All responses will be kept **CONFIDENTIAL** and will not be accessible to anyone other than the University Lab School Staff Athletic Trainer Melissa Sorrells.

## 1. Athlete Information

- a. Name:
- b. Grade:
- c. Date of Birth and SSN (This is used to put athletes in medical database, as well as scheduling doctor's appointments. It will not be accessible to anyone):
- d. Cell Phone Number:
- e. Parents Names and Cell Phone Numbers:
- f. Emergency Contact Name and Phone Number:

## 2. Medical Information

- a. Current Medications that you take:
- b. Supplements or Vitamins (I don't care what you take, but I need to know!):
- c. Any important medical conditions or information that you have that Melissa needs to know about? For example, Asthma, heart conditions, epilepsy, etc. And if so, do you need an inhaler or Epi – Pen? Please get a copy of those medications for the medical staff to have.
- d. Are you allergic to anything?
- e. Do you wear contacts or glasses? If so, would you like Melissa to keep an extra pair in the kit for emergencies?
- f. Do you have a history of cramping, concussions, sprains/strains, or dislocations?

3. Medication Release – Please sign indicating that Melissa is allowed to dispense over the counter medications to your athlete as needed. Prescription medications will only be administered with the permission of Team Orthopedic Surgeon Dr. Brent Bankston OR direct parental consent.

a. I give permission for my child, \_\_\_\_\_, to be given OTC medications as the staff athletic trainer or team doctor sees fit.

\_\_\_\_\_ (PARENT OR GUARDIAN)

\_\_\_\_\_ (DATE)

b. Please list all medications that may be given:

c. Please list any medications that your athlete CAN NOT be given:

4. Please write anything else that you feel the medical staff needs to know:

If there are any questions, please feel free to contact me at any time!

**MELISSA A. SORRELLS, MS, ATC, LAT**  
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**UNIVERSITY LAB SCHOOL ATHLETIC TRAINER**