



35 Kosciuszko Street | Manchester, NH 03101 | P: (603) 627-9728 | www.safesportsnetwork.org | E: amy@nhmi.net

## CONSENT FOR CARE AND TREATMENT

I am the parent or legal guardian of \_\_\_\_\_, \_\_\_\_\_ a minor of  
(Name) (Date of Birth)  
\_\_\_\_\_. I acknowledge that the Safe Sports Network, a program of  
(School or Organization)

New Hampshire Musculoskeletal Institute, a non-profit organization provides certain athletic injury care services. I hereby consent to the Safe Sports Network's performance of these services for my child, including injury screening and treatment. I understand that the screenings and treatment will be conducted by a licensed athletic trainer or medical practitioner. Safe Sports Network strives to provide a multidisciplinary approach to care, which may require the licensed athletic trainer or medical practitioner to share my child's medical information with appropriate individuals including but not limited to our supervising team physician, school nurses, school administrators/staff, physical therapists and/or any other treating healthcare provider.

\_\_\_\_\_  
Date Parent or Guardian Name (please print)

\_\_\_\_\_  
Signature of Parent or Guardian

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

President: James C. Vailas, MD Executive Director: Laura C. Decoster, ATC

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