



CONSENT FOR CARE AND TREATMENT

I am the parent or legal guardian of _____, a minor. I acknowledge that the Safe Sports Network a program of the New Hampshire Musculoskeletal Institute 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.

_____ 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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