



501(c)(3)

Saturday Sports Injury Assessment Clinic

## Parent Consent Form

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

High School: \_\_\_\_\_ Injury: \_\_\_\_\_

I hereby give my consent for my son/daughter \_\_\_\_\_ to be seen and evaluated by the Sports Medicine Physicians and Staff (Orthopedic Surgeon, Family Practitioner, Certified Athletic Trainers and Physical Therapists) at the San Diego Sports Medicine Foundation Sports Injury Assessment Clinic. I authorize the Sports Medicine Physicians and Staff to share information regarding my son/daughter's injury noted above with the athletic training and coaching staff at their school.

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Contact number

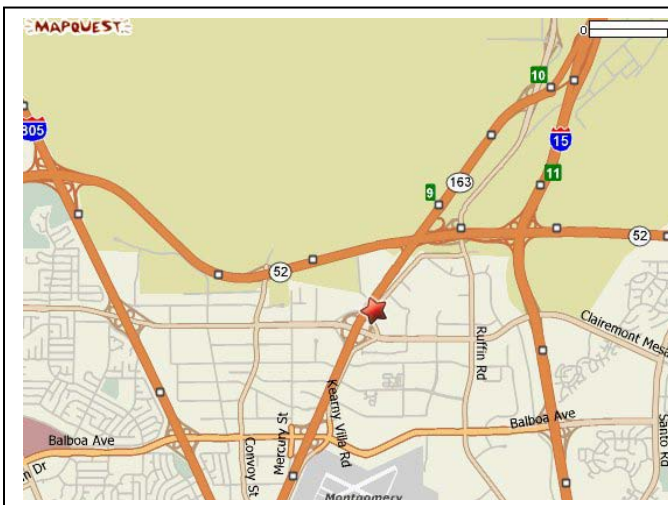
### Referring Medical Professional

Mechanism of Injury: \_\_\_\_\_

Working Dx: \_\_\_\_\_

Medical Professional / Athletic Trainer name: \_\_\_\_\_

Contact number: \_\_\_\_\_



From Highway 163 North or South, exit Clairemont Mesa Blvd. and go east. Turn left on Kearny Villa Rd. and go one block and turn right into Seville Plaza.

From I-805 North or South, exit Clairemont Mesa Blvd. and go east. Turn left on Kearny Villa Rd. and go one block and turn right into Seville Plaza.

From I-15 North or South, exit Clairemont Mesa Blvd. and go west. Turn right on Kearny Villa Rd. and go one block and turn right into Seville Plaza.

From I-8 East or West, take Highway 163 North, exit at Clairemont Mesa Blvd. and go east. Turn left on Kearny Villa Rd. and go one block and turn right into Seville Plaza.

From Highway 52 east or west, take Highway 163 south, exit at Clairemont Mesa Blvd. and go east. Turn left on Kearny Villa Rd. and go one block and turn right into Seville Plaza.