



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

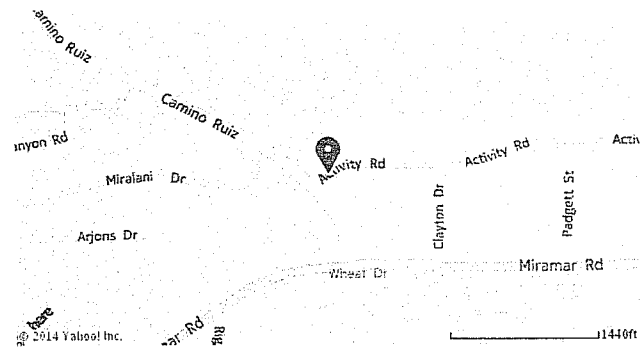
Mechanism of Injury: _____

Working Dx: _____

Medical Professional / Athletic Trainer name: _____

Contact number: _____

8901 Activity Road, San Diego, CA 92126



From Highway 163 North or South, take I-15 North, exit Pomerado Rd/Miramar Rd and go west. Turn right on Camino Ruiz and go one block and turn right onto Activity Road. Destination is on the right.

From I-805 North or South, exit La Jolla Village Dr/Miramar Rd and go east. Turn left on Camino Ruiz and go one block and turn right onto Activity Road. Destination is on the right.

From I-15 North or South, exit Pomerado Rd/Miramar Rd and go west. Turn right on Camino Ruiz and go one block and turn right onto Activity Road. Destination is on the right.

From I-8 East or West, take Highway 163 North to 15 North exit Pomerado Rd/Miramar Rd and go west. Turn right on Camino Ruiz and go one block and turn right onto Activity Road. Destination is on the right.

****In order to have the Injury assessment performed on my child and to have him/her participate in that injury assessment, the undersigned, HEREBY RELEASES ALL CLAIMS, ACTIONS AND CAUSES OF ACTIONS that I or my child may otherwise have against the independent health care personnel and volunteers who are conducting or participating in this injury assessment process, the school, the school district, and any vendors, sponsors, their officers, directors, employees, agents, volunteers and any representatives, from any claims, liability, or damages, including but not limited to personal injury or illness arising out of any physical, emotional, or mental injury or death that may occur in any way from my child's participation in this assessment resulting from the negligence, breach of warranty, or strict liability of any persons associated with the injury assessment. The undersigned further agrees that neither the undersigned or any of the undersigned's heirs, personal or legal representatives of family members will bring suit or make a claim for illness, injury or death resulting from the injury assessment and that this release is binding upon my heirs, legatees, administrators and personal representatives. PARENTS INITIALS: _____**