



35 Kosciuszko Street | Manchester, NH 03101 | P: (603) 627-9728 | F: (603) 627-0880 | www.nhmi.net | 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)

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. 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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