



MU Healthcare System

1420 West Ashley Road, Boonville, MO, 65233
(660) 882-3420
Matt Rowlett, MS, ATC, LAT

Dear Athlete and Parent/Guardian,

In athletics, injuries are a frequent occurrence. Our school has the privilege to a licensed athletic trainer. This individual possesses a four year undergraduate degree, national certification, and a Missouri athletic trainer license. Under the direction of a licensed physician, licensed athletic trainers are trained to prevent, recognize, care, manage, treat, and rehabilitate sports injuries. Athletic trainers have many roles and capabilities; in coordination with appropriate health care personnel they are qualified to assess, treat, and safely return athletes to competition.

The athlete and/or parent(s)/guardian(s) understand that participation in athletics can be dangerous, and that the athlete could be risking bodily injury and even sudden death by participating. Participation in a sport is strictly voluntary. The athlete and/or the parent(s)/guardians(s) hereby assume full responsibility for any and all injuries and other losses that the athlete may suffer because of participation in athletics and release the athletic trainer from any claim or liability for any injury or other loss that the athlete may suffer due to participation in athletics, regardless of the cause of the injury or other loss. The athlete and/or the parent(s)/guardian(s) also agree to hold harmless the athletic trainer from any and all liability, damages, and expenses which may be caused to pay or incur as a result of any claim that may arise from the athlete's participation in athletics and to waive any litigation arising out of such activities.

Permission is hereby granted to Mizzou Physical Therapy and Sports Medicine athletic trainers:

- to provide athletic training services in the form of care, treatment, evaluation, management, and rehabilitation of any acute sports injury suffered by the athlete designated below , and
- to make an emergency referral to an appropriate physician if, in the opinion of the athletic trainer, immediate treatment or further evaluation is necessary.

*This authorization will need to be completed annually.

Name of Athlete: _____ School: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/ Guardian: _____ Date: _____

Contact Information: Please fill in the preferred method(s) for emergency and non-emergency situations.

Parent/Guardian Name: _____ Relationship to Athlete: _____

Cell: _____ Home: _____ Work: _____

E-mail: _____

***Please Read Back**

Release of Protected Health Information

I authorize Mizzou Physical Therapy and Sports Medicine athletic trainers to review my medical records and other protected health information as it relates to the services they are providing. In addition, I understand my consent to the authorization or failure to consent will not impact the participation of the athlete in this program.

You may revoke this authorization at any time (with written notice to the address at the top of this form) except the event that information has already been viewed in reliance on this authorization.

Name of Athlete: _____ School: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/ Guardian: _____ Date: _____