

# ALL ATHLETES COMPETING AT THE MICHIGAN MIDWEST TKD CHAMPIONSHIPS MUST COMPLETE THIS FORM AND TURN IT IN AT REGISTRATION!

## BRING THIS WITH YOU!

### BARE ESSENTIALS SPORTS MEDICINE CONSENT FOR MEDICAL TREATMENT

I, \_\_\_\_\_, as an athlete at the 2018 Midwest Taekwondo Championships, **I CONSENT TO THE MEDICAL EVALUATION AND/OR TREATMENT** for injuries/illnesses provided by Bare Essentials Sports Medicine Team Personnel, USA Taekwondo Approved Medical Personnel and/or Hospital/Medical Facility Staff (in the event that I have to be transported to a medical facility and/or emergency room/hospital). **I authorize treatment** by Bare Essentials Sports Medicine Staff, USA Taekwondo Approved Medical Personnel and/or Medical Facility/Hospital Personnel in the event of injury or illness occurring while I am in attendance at the event.

I understand medical treatment available at event **may include but is not limited to:** general first aid care for injuries and wounds, evaluation for possible illness or disease, taping, stretching, modalities such as heat or ice, muscle stimulator/TENS/ultrasound, over-the-counter medication/prescription medication (Rx by physician's order only), soft tissue massage, wound closure, splinting, chiropractic adjustment, acupuncture, being fitted for a sling or crutches, as well as basic and/or advance life support as deemed necessary by medical personnel.

**As a parent or legal guardian** of \_\_\_\_\_, who is under the age of 18, I hereby (PRINT NAME OF MINOR CLEARLY)

authorize medical treatment in the event of an injury or illness or as preventative measures as provided by a member of Bare Essentials Sports Medicine Personnel, USA Taekwondo Approved Medical Personnel, and/or Hospital/Medical Facility Staff. I understand medical treatment available the event **may include but is not limited to:** general first aid care for injuries and wounds, evaluation for possible illness or disease, taping, stretching, modalities such as heat or ice, muscle stimulator/TENS/ultrasound, over-the-counter medication/prescription medication (Rx by physician's order only), soft tissue massage, wound closure, splinting, chiropractic adjustment, acupuncture, being fitted for a sling or crutches, as well as basic and/or advance life support as deemed necessary by medical personnel. I also attest that I have the legal right to sign as this athlete's parent or legal guardian, and have documentation to prove so.

All medical evaluations completed by Bare Essentials Sports Medicine Personnel and/or USA Taekwondo Approved Medical Personnel for injuries or illnesses at events, camps or during team travel are considered CONFIDENTIAL and property of USA Taekwondo Medical Coordinator. Copies of medical injury forms completed by medical personnel at an event, camp or during team travel can be requested verbally either by the injured person, or parent/legal guardian of a minor who has been injured at the time of injury or requested in writing at a later date from the USA Taekwondo Medical Coordinator. No information about an individual's injury or illness will be released without that athlete's written permission in accordance with HIPAA Privacy Guidelines. Full injury report will only be released to an insurance agency upon the written request of the injured person and/or parent/legal guardian of a minor who has been injured. If athlete suffers a concussion and is given a WTF 30-day-out, information about athlete will be given to the CEO, Event Director & High Performance Director, and their assistants in order to enforce the 30-day-out rule. No details beyond the athlete's name, date of birth, weight division, belt color, age division, gender, when /where the concussion was sustained and/or what date he/she may return will be shared in accordance with HIPAA Privacy Rights of the athlete.

**Known Medical Conditions:** \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

**Is an epi-pen needed? YES NO Will you have the epi-pen with you? YES NO**

**Do you use a rescue inhaler? YES NO Will you have the rescue inhaler with you? YES NO**

**Medications presently taking** \_\_\_\_\_

(Athlete's Signature) (Date)

Athlete's Date of Birth \_\_\_\_\_ City/State/Country of Residence \_\_\_\_\_

(Parent/Legal Guardian Signature) (Date)

(Parent/Legal Guardian Name Printed)