

CONSENT FOR SPORTS MEDICINE SERVICES

2026-2027

Parental consent for minor student/athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor student/athletes require sports medicine services before, during and after their participation in sport – related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the student/athlete. In such instances it may be imperative to the health and safety of those student/athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, Baldwin USD #348 requires as a pre – condition of participating in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor student/athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district, to the extent the QMP deems necessary to prevent harm to the student/athlete. It is understood that a QMP may be an athletic trainer (LAT), physician (MD/DO), physician assistant (PA-C), nurse practitioner (ARNP), physical therapist (PT) and/or naturopathic physician (NP) licensed by the state of Kansas (or the state in which the student/athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Kansas law or the state law where service(s) is/are rendered. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

I understand that the school district employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic student/athletes before, during and after sport – related activities, and that on certain occasions there are sport – related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above – named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Kansas law or the state law where service(s) is/are rendered. I also understand that documentation pertaining to any sports medicine services provided to the above – named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above – named minor to disclose such information about the student/athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment and recovery from injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above – named minor's coaches, athletic director, school nurse, counselor, administrator or any classroom teacher required to provide academic accommodation to assure the student/athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the appropriate QMP employed/designated by the school and/or school district.

Date: _____ Parent/Legal Guardian Signature: _____ Student Name: _____