CONSENT FOR MEDICAL TREATMENT

The Knoxville Community School District has contracted with 21st Century Rehab, P.C. to provide medical coverage for your son or daughter’s athletic teams. 21st Century Rehab, P.C. requires a written consent in addition to the medical card consent that is provided by the Iowa High School Association to provide medical care to your child.

I (we) understand that this written consent gives 21st Century Rehab, P.C. personnel the right to evaluate and treat my son or daughter in situations where medical attention is necessary. 21st Century Rehab, P.C. personnel will only perform medical actions that fall within the scope of practice of each individual’s medical license. I further consent the release of medical information to and from the athlete’s primary physician, 21st Century Rehab staff member, and coach.

As the parent(s), or legal guardian(s) of ______________________, I authorize _________________________________ (Child’s name) to:

- Evaluate and treat acute injuries and if necessary to communicate with the active physician and coach of injuries sustained by my son or daughter.
- If further advanced medical attention is needed, the parents and physician will be notified.

___________________________________________
Date

Parent’s/Guardian’s signature

It is also required to have written permission for 21st Century Rehabilitation to administer or carry any medication (such as an albuterol inhaler, etc) your child may need. If your son/daughter has a prescription, or an over the counter medication that you wish 21st Century Rehabilitation to carry in our medical kit or administer to your child please list the medication and dosage below, as well as your signature.

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Date

Parent’s/Guardian’s Signature