 

**Consent to Treat Patient**

***St. Luke’s University Health Network: Sports Medicine Relationships***

**CONSENT TO TREAT**:

I am the parent/legal guardian of the child named below and have the legal right to consent to permit St. Luke’s University Health Network and its personnel to deliver health care and treatment to my child at Penn State University- Lehigh Valley Campus Athletics (“Program”) and any of its practices, games, Care Now Facilities, Emergency Departments or other St. Luke’s Facilities by its athletic trainers, physical therapists and physicians. Such health care and treatment may include medical evaluation of injuries, administration of first aid for athletic injuries, and providing initial treatment and management of injuries, as may be deemed necessary or advisable by St. Luke’s personnel in the treatment and diagnosis of my child. I understand that this consent will remain in effect until my child ceases to be a member of the Program or until this consent is revoked by me by sending a written notification to St. Luke’s, 1441 Schoenersville Road, Bethlehem, PA 18018, Attention: Senior Director, Sports Medicine Relationships.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION:**

If in the event I cannot attend any medical visit, I authorize the School/Program Athletic Trainer or my designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be present in my absence at any medical visit.

YES: NO:

**LIMITATIONS:**

Identify any specific limitations or exclusions for which this consent is given. (If none, state “none”.)

Parent/Legal Guardian Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Emergency Contact Number (First): \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Emergency Contact Number (Second): \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_