



**GREENVILLE HOSPITAL SYSTEM™**  
*Healthcare to a Higher Standard*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone #: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Mother: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Father: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Ins. Carrier: \_\_\_\_\_ Claim/policy #: \_\_\_\_\_ HMO / PPO  
circle one

Emergency contact: \_\_\_\_\_ phone #'s: \_\_\_\_\_

Does your child have any of the following? *(food allergies etc.)*

- |                 |                                  |                        |                        |
|-----------------|----------------------------------|------------------------|------------------------|
| Asthma _____    | Inhaler _____                    | Heart Condition _____  | Vision Loss _____      |
| Epilepsy _____  | Diabetes _____                   | Kidney Condition _____ | Hearing Loss _____     |
| Allergies _____ | Allergic to any medication _____ |                        | Severe Headaches _____ |

Other: \_\_\_\_\_

Previous injuries/surgeries (month/year)? \_\_\_\_\_  
 \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

Is your child on any medication that is taken on a regular basis? *(List)*  
 \_\_\_\_\_

Does your family have a primary care physician? *(Name/phone #)*  
 \_\_\_\_\_

Does your family have an orthopedic doctor? *(Name/phone #)*  
 \_\_\_\_\_

My child may take Tylenol/Advil. Yes \_\_\_ No \_\_\_

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

**GREENVILLE HOSPITAL SYSTEM - SPORTSLIFE  
CONSENT AND AUTHORIZATION**

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, a student at \_\_\_\_\_ (the "School"), authorize the Greenville Hospital System ("GHS") staff to provide my child with health care services offered by the GHS SportsLife program and to make appropriate referrals for my child to receive any additional health services which my child's condition may indicate. To protect and improve the health of student athletes, GHS will provide an athletic trainer to provide on-site treatment and consultation to students at the School. These services will be overseen by a physician serving as Medical Director for the SportsLife program.

In addition, in the event my child needs urgent or emergency treatment off-site, I authorize staff of the GHS SportsLife program to arrange for such care, including appropriate transportation. I understand that GHS SportsLife staff will contact me as soon as possible in the event my child has an urgent or emergency condition.

I agree to complete all health history, family history and other informational requests necessary for my child's participation in the SportsLife program. I understand that I may contact the trainer assigned to the School or the Medical Director for the SportsLife program to discuss my child's care or to discuss any questions I may have about the program. I consent to the release by GHS staff of information about my child's medical condition obtained through the SportsLife program to coaches and other employees or agents of the School.

I understand that I will not be charged for services rendered on-site by the trainer assigned to the School, but that I or my insurance carrier may be charged for services rendered by other health care providers. I consent for information in my child's medical record to be released for the purpose of filing health insurance claims with third party payers. I hereby authorize GHS to submit claims for services rendered to my child and assign to GHS my rights to any reimbursement for such services.

In consideration for the services provided to my child by the GHS SportsLife program, I hereby release the Greenville Hospital System, its trustees, officers, employees, and agents from and against any claim, liability, cause of action or other expense arising out of the services provided by the GHS SportsLife program.

I have read and understand the above information and consent to my child's participation in the GHS SportsLife program.

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

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Emergency Contact Names:

Telephone Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Day Night  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Day Night  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Day Night