

CONSENT TO TREAT

Cadet Name _____

Parent/Guardian Consent for Cadet Participation in Activities

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions on the Health History and Pre-Participation Physical Examination forms are true and accurate. I approve participation in activities.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

Privacy of Medical Information

I hereby understand that confidentiality of medical records maintained per KSA 65-5602 & KSA 65-5603 and in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will remain housed in the St. John's Military School Infirmary. Per the HIPAA Privacy Rule the St. John's Military School Infirmary Staff may share protected health information for treatment activities. Information provided on the Health History, Pre-Participation Physical Examination, Dental, Immunization or additional records may be shared with medical care providers as deemed necessary. I, as parent/guardian, may request complete confidentiality of records, in whole or in part, with only the infirmary staff having access to this information. Unless otherwise indicated, medical information may be released on a need to know basis to designated St. John's Military School staff that have signed a Confidentiality Statement in order to provide the utmost level of care to cadet.

Parent/Guardian Assumption of Financial Obligation for Medical Care

I hereby agree to assume responsibility for and pay any and all medical expenses incurred for medical, surgical, psychiatric, or dental care, which may be determined by a licensed physician or dentist to be necessary for the welfare of my child or ward as a result of illness or injury while in attendance at St. John's Military School, Salina, Kansas. I further authorize St. John's Military School to assign any third-party benefit rights, which may exist on behalf of my child or ward and will assume responsibility for any charges not fully paid by the third-party payer.

Consent and Authorization for Medical Care (must be notarized)

I hereby give my consent, and I do further hereby authorize and direct the President or other designated representative of St. John's Military School to give consent, for any and all medical, surgical, psychiatric, or dental care (including the administration of anesthesia) which may be deemed advisable by, and be rendered, under the general or special supervision of any licensed physician/surgeon or dentist to be necessary for the welfare of my child or ward as a result of illness or injury while in attendance at St. John's Military School, Salina, Kansas. I further hereby authorize the exchange of information with medical authority for use in evaluation, treatment, and follow-up care of my child or ward. This consent shall remain in effect during the attendance of my child or ward at St. John's Military School, Salina, Kansas, to be renewed annually.

Signature of Parent or Legal Guardian _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____

By _____

Notary Public _____

State of _____

County of _____

My appointment expires _____