

Newport Central Catholic High School
Athletic Department
13 Carothers Road
Newport, KY 41071

Principal: Bob Noll

Athletic Director: Rob Detzel

School (859) 292-0001

Athletic Director (859) 655-3351

Fax (859) 292-0656

FORM #3

CONSENT TO TREAT

ATHLETE'S NAME: _____

PARENT/GUARDIAN NAME: _____

WORK PHONE: _____ **HOME** _____ **CELL** _____

Newport Central Catholic High School works very closely with Commonwealth Orthopedics and Drs. James Bilbo and Michael O'Brien, and our full-time trainer Kelly Hirschauer. We are usually able to get same day appointments for athletic injuries with these doctors. We hope that you will allow us to use this service with your child's injuries. However, we do understand that some may wish their children to see only certain doctors. Please check only the one appropriate letter below.

PLEASE CHECK ONE ONLY

- _____ **A** I give my permission to NCC to initiate treatment with the Doctors' listed above or with emergency room with the knowledge that I will be notified as soon as possible. (Note: If you are HMO, you may still choose this option.)
- _____ **B** I wish to be notified before treatment may begin on my child.
- _____ **C** In case of injury to my child only Doctor _____ may treat him/her.

PARENT CONSENT

I hereby give my permission for _____
(Student's full name – Please Print)
to participate in supervised athletics.

SIGNED _____ **DATE** _____

HOME NUMBER _____ **CELL NUMBER** _____