FYHA Consent to Treat / Medical History Form Policy

Each season, FYHA requires all registered players to complete the USA Hockey Consent to Treat and Medical History forms. These forms are meant to be on hand, and used only in the event there, is an injured player requiring emergency medical treatment, but there is no parent available. USA Hockey has researched the HIPPA laws and is satisfied that there is no privacy issue if controlled properly by the designated authority. Therefore, the following control guidelines are being put into place by FYHA and are to be followed accordingly:

Control Guidelines

1. At the beginning of each season, the FYHA Team Manager Coordinator will provide each Team Manager Representative., a copy of the USA Hockey Consent to Treat and Medical History.
2. Each Team Manager representative will in turn provide/email these forms to each family listed on their team roster.
3. Families will be required to complete forms, and return to Team Manager/Head Coach, where they will be placed in a seal envelope for the remainder of the season, unless otherwise needed. Please Note: *completion of the Medical History form is optional. Those families not willing to provide medical history may exercise their privacy rights, but **must** still complete the Consent to Treat form.*
4. Completed forms will remain in the private custody of either the Head Coach or Team Manager, but must be available and accessible at all times: including practices, league games and tournaments.
    a. It is recommended that each Head Coach review the medical history of each player at the beginning of the season to make themselves aware of any conditions that might expose the player or teammates to additional risk of illness or injury. It also good practice for the Head Coach to encourage their parents, during the initial coaches-parent meeting, to privately discuss any medical concerns directly with the head coach.
5. All completed Consent to Treat and Medical History forms will become part of the equipment return checklist. Therefore, at the end of every season, each Head Coach/Team Manager will be required to turn in forms for each player as part of the equipment (shirts, pucks, water bottles, first aid kit) return process.
6. All forms will then be destroyed by way of an FYHA Board approved shredding process.
7. If followed properly, this policy and all of the actions medically executed under this process, protects all volunteers from civil liability under the Federal Volunteer Act if any alleged wrongdoing is in good faith and reasonable.

Click here for a writable PDF file that you can fill out digitally, print and then sign or visit:
http://www.usahockey.com/page/show/1340783-consent-to-treat-form

USA Hockey
Consent To Treat/Medical History Form

This is to certify that on this date, I _____, as parent or guardian of _____, (athlete participant), or for myself as an adult participant, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: _____

Policy Number: _____

Parent/Guardian/Adult Participant Signature: _____ **Date:** _____

Excess accident insurance up to $50,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit usahockey.com or contact USA Hockey at (719) 576-USAH.

EMERGENCY CONTACT

Name: _____ Phone: (_____)_____

Address: _____

City: _____ State: _____ Zip Code: _____

Physician's Name: _____ Phone: (_____)_____

Hospital of Choice: _____

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

MEDICAL HISTORY

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

- ❑ Head Injury *(concussion, skull fracture)*
- ❑ Fainting spells
- ❑ Convulsions/epilepsy
- ❑ Neck or back injury
- ❑ Asthma
- ❑ High blood pressure
- ❑ Kidney problems
- ❑ Hernia
- ❑ Heart murmur
- ❑ Allergies _____
- ❑ Diabetes
- ❑ Other _____

_____

_____

Have you had (or do you currently have) any of the following?

Have you had a recent tetanus booster? ❑ Yes ❑ No If yes, when? _____

Are you currently taking any medications? ❑ Yes ❑ No If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity? ❑ Yes ❑ No If yes, please explain on back.