ARIZONA INTERSCHOLASTIC ASSOCIATION
7007 N. 18TH ST., PHOENIX, ARIZONA 85020-5552
PHONE: (602) 385-3810

NextCare URGENT CARE
The Preferred Urgent Care of the Arizona Interscholastic Association

2022-23 CONSENT TO TREAT FORM

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Arizona Interscholastic Association (AIA), _____ (name of school or district) requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/AIA, to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Arizona (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Arizona law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY OR TYPE

"I, _____, the undersigned, am the parent/legal guardian of, _____, a minor and student-athlete at _____ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/AIA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/AIA.

Date: _____ Signature: _____

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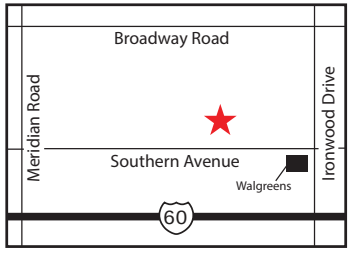
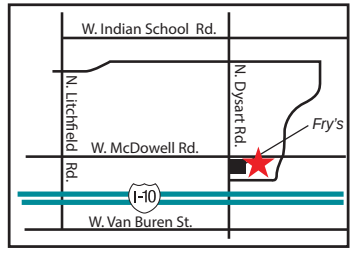


Apache Junction • 85120
2080 West Southern Ave., Suite #A1



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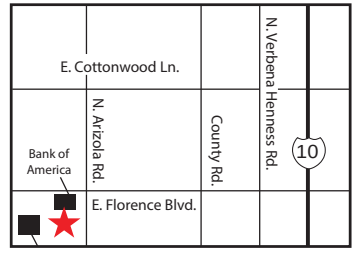
13075 W. McDowell Rd., Suite #D106



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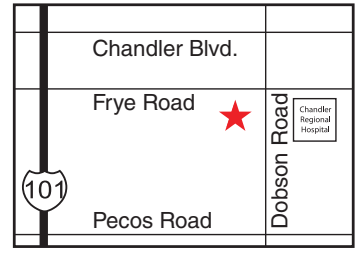
1683 E. Florence Blvd., Suite #7



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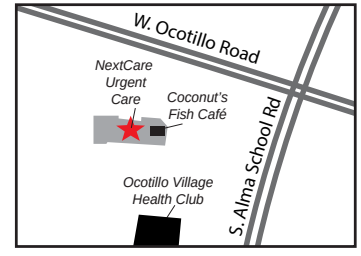

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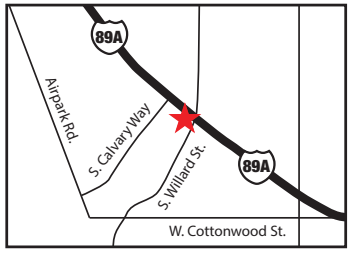
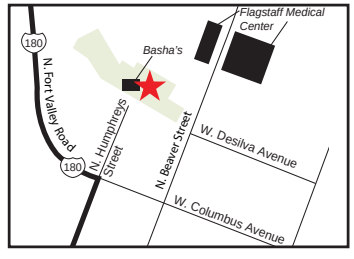
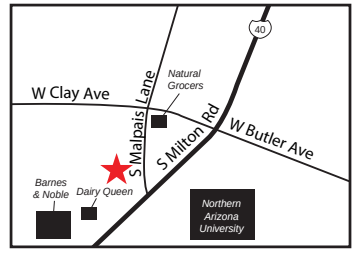
1155 W. Ocotillo Road, Suite #4



Cottonwood • 86326
450 S. Willard Street, Suite #120



Flagstaff • 86001
1000 N. Humphreys St., Suite #104



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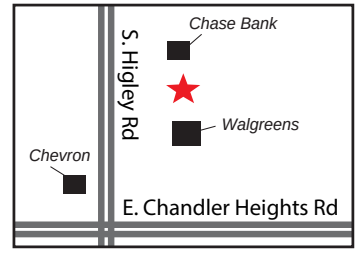
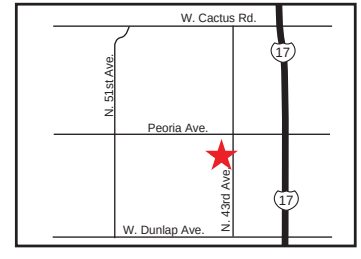


Gilbert • 85298
6343 S. Higley Road



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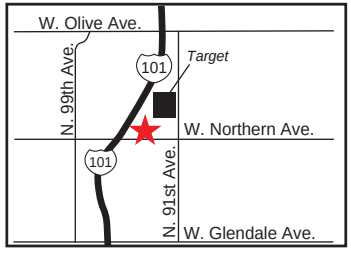
10240 N. 43rd Ave., Suite #3



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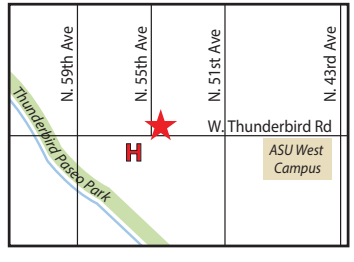

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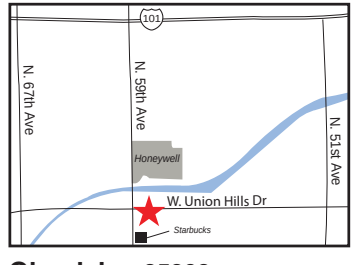
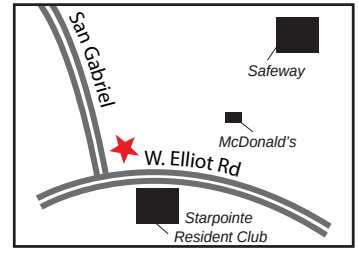
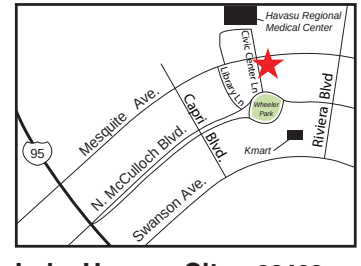


Glendale • 85308
18589 N. 59th Ave., Suite #101

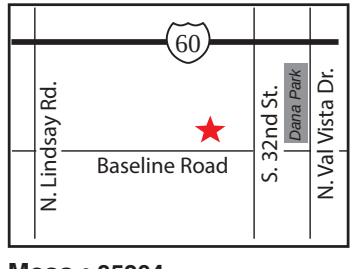


Goodyear • 85338
17688 W. Elliot Road



Lake Havasu City • 86403
1810 Mesquite Ave., Suite B

Mesa • 85203
535 E. McKellips Road, Suite #101



Mesa • 85204
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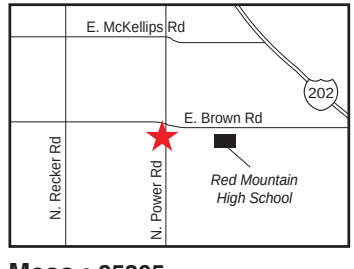

Mesa • 85205
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Nogales • 85621
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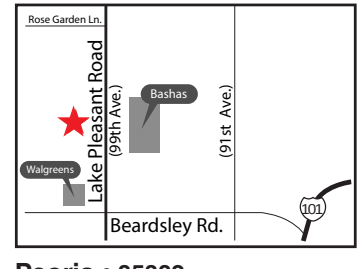

Peoria • 85382
20470 N. Lake Pleasant Rd., Suite #102

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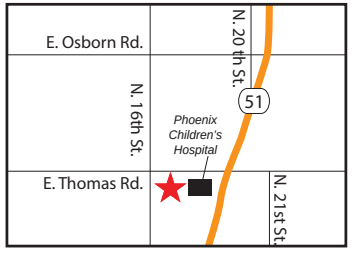

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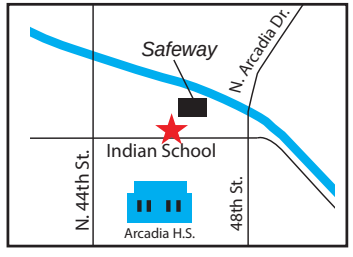

Phoenix • 85018
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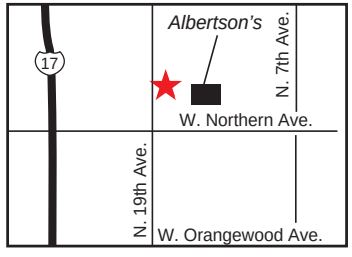

Phoenix • 85021
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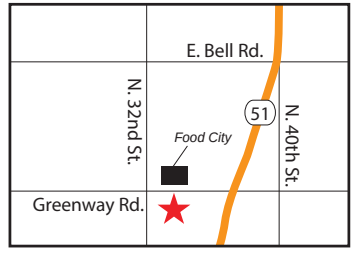

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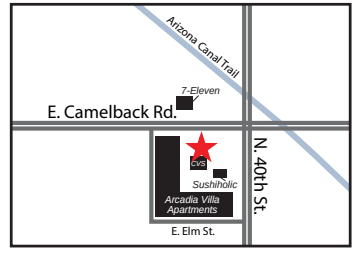

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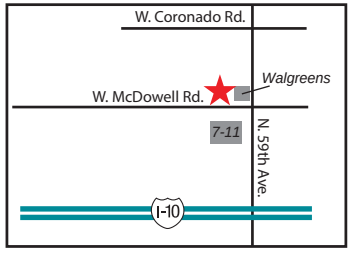
3931 E. Camelback Road



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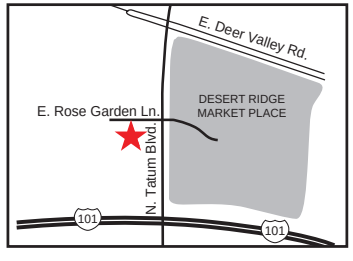

Phoenix • 85050
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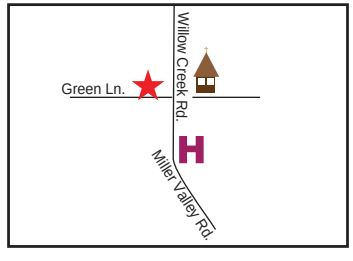
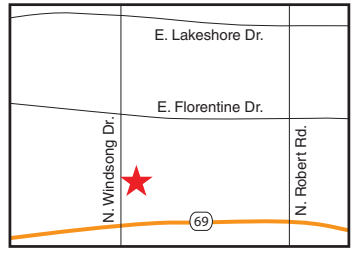
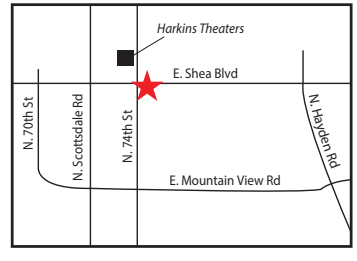


Prescott • 86301
2062 Willow Creek Road

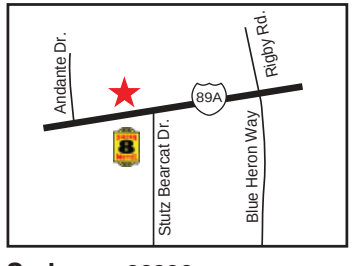


Prescott Valley • 86314
3051 N. Windsong Drive



Scottsdale • 85260
7425 E. Shea Blvd., Suite #108

Scottsdale • 85257
2122 N. Scottsdale Road



Sedona • 86336
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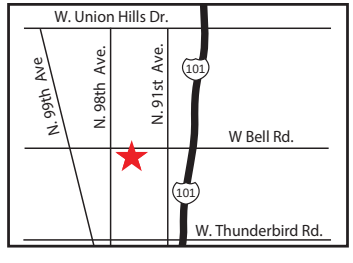

Sun City • 85351
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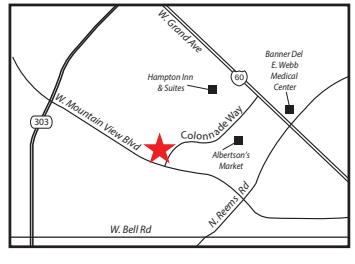

Surprise • 85374
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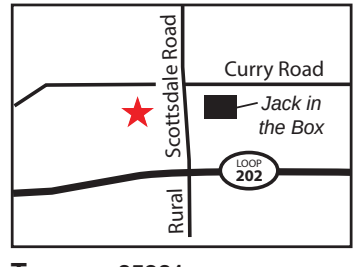

Tempe • 85281
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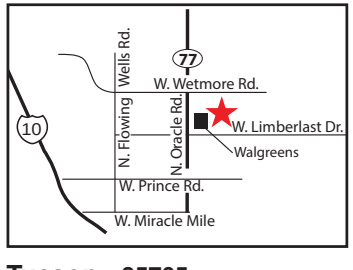
Tucson • 85713
1570 E. Tucson Marketplace Blvd.



Tucson • 85705
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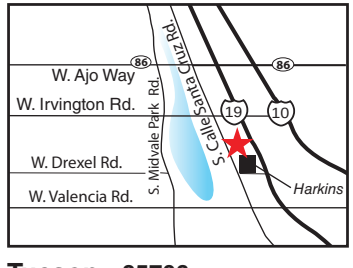
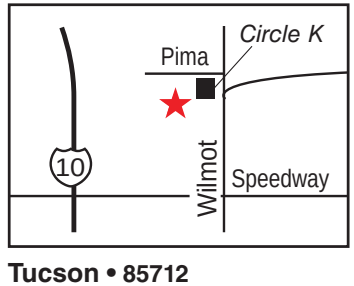
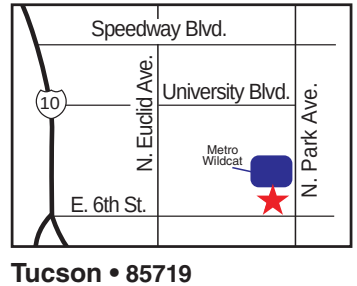


Tucson • 85706
5369 S. Calle Santa Cruz, Suite #145



Tucson • 85712
6238 E. Pima Street



Tucson • 85719
501 North Park Ave., Suite #110

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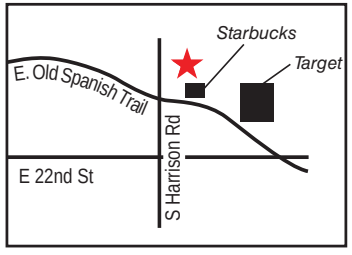
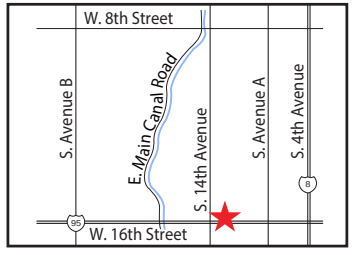


Tucson • 85748
9525 E. Old Spanish Trail, Suite #101



Yuma • 85364
1394 W. 16th Street