

## Sports Medicine Program

# Student Athlete Consent Form

I, \_\_\_\_\_ give permission  
to the staff of Access Rehab Centers to evaluate  
\_\_\_\_\_ (my son/daughter)  
for \_\_\_\_\_.

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
School Attending: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **PARENT/GUARDIAN (Required)**

Signature	Date
Printed Name	Phone

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### **Directions to our 134 Grandview Avenue, Waterbury, CT clinic. (203) 573-7130**

**Rt. 84 W:** Take Exit 18 (Highland Ave/West Main St). Bear Left towards West Main St. Turn Right at signal light onto West Main St. Take 4th Left onto Grandview Ave.

**Rt. 84 E:** Take Exit 18 (Chase Pkwy). Bear Right at fork. At light take Right onto Chase Pkwy. At light take Right onto West Main St. Take 5th Left onto Grandview Ave.

**Rt. 8 S:** Merge onto 84 W via Exit 33 towards Danbury. Follow directions above for 84 W.

**Rt. 8 N:** Take Exit 32 toward downtown Waterbury. Stay straight on Riverside St. At 2nd light, turn Left onto West Main St. Turn Right onto Grandview Ave.

