



**CONSENT FOR MEDICAL, THERAPEUTIC, CHIROPRACTIC AND/OR SURGICAL TREATMENT**

I, \_\_\_\_\_ (PRINT name of participant), authorize the Physician and/or Therapist and/or Chiropractor to perform any procedure, treatment or prevention deemed to be clinically indicated and necessary as well as care provided by any health care professional to which I am referred provided by the Halifax 2011 Canada Games Host Medical Services.

The anticipated nature, effects, alternatives to and possible complications of the investigative procedure or treatment are to be explained to me by the Physician, Therapist or Chiropractor prior to receiving treatment. In the event of a life threatening emergency, I authorize the recommended course of treatment without being provided an explanation.

I understand that in all medical and surgical procedures, there are remote risks that cannot be anticipated.

I also consent to such additional or alternative investigation, operative or treatment procedures as may be found to be immediately necessary during the course of such procedure, operation or treatment.

I consent to the administration of such anesthetics as are necessary, with the exception of banned or restricted substances as per detailed out by the Canadian Anti-Doping Policy currently in effect.

I certify that I have read and fully understand the above consent for: Therapeutic / Chiropractic, Medical and/or Surgical Treatment.

I hereby further consent to the release of medical information to my Provincial / Territorial Chef de Mission and to health professionals for the continuity of care or Public Health in the event of injury to myself / the participant or other medical emergency. Such release shall only apply to an injury or other medical emergency or existing condition requiring treatment during the Halifax 2011 Canada Games and shall only be effective during the Halifax 2011 Canada Games or such reasonable time related thereto.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant, Next of Kin or  
responsible Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Relationship to participant (if applicable)

