

## **AUTHORIZATION AND CONSENT FOR ATHLETIC TRAINING SERVICES**

I/we the parent/legal guardian(s), do hereby give consent for a Certified Athletic Trainer, contracted by the school, to provide sports medicine services for the above minor. I understand this sports medicine clinician is from Safe Sports Network and that sports medicine services include, but are not limited to: administering first aid, providing initial treatment and management of acute injuries, and assessing injuries at the request of the athlete, the athlete's coach, or the athlete's parent/guardian. The Athletic Trainer will perform only those procedures that are within his/her training and scope of professional practice to prevent, treat and rehabilitate athletic injuries.

I hereby authorize the Athletic Trainer to share information about the injury assessments and post-injury status as needed with the team physician, coaches, athletic director, school nurse and the athlete's physicians and/or any other treating healthcare provider.

I understand that there is no charge to me for the above-listed Athletic Training services. If the athlete is in need of further treatment by a physician or rehabilitation services for an injury, s/he may see the physician of his/her choice.

Injured athletes that have seen a physician must submit written clearance from that physician prior to being permitted to resume activity.