

Parental Consent To Be Seen By The Athletic Trainer

Student: _____

I, as parent or guardian of the student identified above, hereby grant permission to any athletic trainer on site at the JCN EMS/JCN HS to provide such treatment within the scope of professional services authorized for such trainer as deemed necessary. I also grant permission to release medical information to the school, to the trainer and to any subsequent physician or other provider as necessary for treatment of the student identified herein. I acknowledge and agree that any such trainer may use his or her own judgment in securing medical aid, including ambulance and other emergency services as a result of any injury during participation in a school sanctioned event. I specifically consent and agree that the above referenced trainer may provide preventative care and treatment of athletic injuries, evaluation of injuries, first aid and emergency management of athletic injuries and rehabilitation and reconditioning of athletic injuries.

By signing below, I agree and acknowledge that no athletic trainer, nor trainer's employer, The Atchison Hospital, assumes responsibility and is not liable for any accident or injury that may occur during the student's participation in an athletic event. I understand that the athletic trainer nor The Atchison Hospital is involved in the school athletic program other than providing the services noted herein.

Signature: _____ Date: _____