

Brewer High School

Team Doctor and Athletic Trainer

Permission to Treat

I give permission for the athletic trainer or team doctor to evaluate and treat any injury my son/daughter/dependent may receive while participating in athletic events at Brewer High School. This applies to treatment outside of game or practice situations, and your son or daughter will be provided with first aid or emergency care on the playing field if necessary regardless of this permission form.

Responsibilities of the athletic trainer/team doctor include the following:

- Prevent athletic injuries in all ways possible within the scope of practice
- Assess any athletic injury that occurs related to a sporting practice or event
- Manage any athletic injury that occurs related to a sporting practice or event
- Treat athletic injuries that occur within the scope of practice of the athletic trainer or team doctor
 - This includes, but is not limited to: first aid, taping, wrapping, heat/cold therapy, electrical stimulation, ultrasound, massage, and therapeutic exercises
- Determine if any athletic injury should be evaluated by another physician or another outside practitioner
- Determine if any athletic injury needs rehabilitation either performed at the school or an outside clinic or facility
- Communicate with coaches and necessary personnel about injuries.
 - Including: Teachers, school nurse, and physicians involved in the athlete's care
- Communicate with parents about possible treatment options

Athlete's Name: _____

Parent's Signature: _____ Date: _____

Parent's Printed Name: _____