

## **Athletic Trainer Consent Form**

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

I, as parent or guardian of the student identified above, hereby grant permission to any athletic trainer on site at any school sanctioned sports practice or competition to provide such treatment within scope of professional services authorized for such trainer as deemed necessary for a physical condition arising during or affecting participation in such event. 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 athletic 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 the trainer's employer) 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 (and his or her employer) is not involved in the school athletic program other than providing the services noted herein.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_