

Consent to Treat/Emergency Medical Services

I hereby authorize the Certified Athletic Trainer and sports medicine staff acting on behalf of Line Mountain Area School District to evaluate and treat any injury/illness that occurs as a result of my participation in athletics. This includes any and all reasonable and necessary preventive care, treatment, and rehabilitation for these injuries/illnesses.

I understand that I must refrain from practice while injured/ill, whether or not receiving medical care. When under medical care I may not return to participation until I have been given permission by the Certified Athletic Trainer or Physician. *The overseeing physicians have the FINAL authority regarding participation status following injury/illness.*

I understand and agree that if I experience an injury/illness or change in my health status it is my responsibility to inform my Head Coach and the Certified Athletic Trainer. I also agree to adhere to the established injury management guidelines including rehabilitation and reassessment before I am released to return to full participation.

In the event of an injury/emergency requiring medical attention, I hereby grant permission to the athletic trainer and/or qualified first aid or EMS personnel or physician to attend to and transport my son/daughter. Every effort will be made to contact the parent/guardian in order to receive your specific authorization before hospitalization is undertaken.

This authorization expires one (1) year from the date signed.

Print Athletes Name

Athletes Signature

Date

Print Parent/ Guardian Name

Parent/Guardian Signature

Date

Home Phone: _____ Cell: _____

Father's Work # : _____ Mother's Work # : _____

Hospital of Choice: _____

Name of Insurance Plan: _____

Pre-existing pulmonary/circulatory conditions: _____

Inhalers: Yes No Type: _____

Diabetes: Yes No Type: _____

Allergies: _____