

AUTHORIZATION AND CONSENT FOR ATHLETIC TRAINING SERVICES

I, the undersigned, am the parent/legal guardian of, _____, a Student-Athlete for _____ High School.

I 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.

Student Athlete Name _____	Date of Birth _____
Parent/Guardian Name (print) _____	
Parent/Guardian Signature _____	Date _____
Home/Cell Phone _____	Work phone _____

CONCUSSION STATEMENT

- We understand the athlete must report all injuries/illnesses to the athletic trainer and/or team physician.
- We have read the Concussion Fact Sheet (a copy of which has been provided to us) and we understand:
- A concussion is a brain injury and all brain injuries can be serious.
- An athlete does NOT have to be knocked out to have a concussion.
- Concussion symptoms may show up right away but can show up hours or days after the injury.
- A concussion can affect reaction time, balance, sleep, classroom performance and the ability to perform every day activities.
- If an athlete suspects a teammate has a concussion, s/he is responsible for reporting the injury to the team physician or athletic trainer.
- The athlete must not return to play in a game or practice if s/he has concussion-related symptoms.
- Following concussion the brain needs time to heal. A repeat concussion is more likely if an athlete returns to play before symptoms resolve.
- In rare cases, repeat concussions can cause permanent brain damage, and even death.

Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____