

Informed Consent/ Permission to Treat Form

Dear Athlete and Parent/Guardian:

In athletics, injuries are a frequent occurrence. Our school has the privilege of employing licensed athletic trainers. These individuals possess a four year undergraduate degree, national certification, and Ohio licensure. Under the direction of a licensed physician, a licensed athletic trainer is an individual trained in the recognition, care, prevention, management, treatment, and rehabilitation of injuries. Your licensed athletic trainers have many roles and capabilities. They are qualified to assess, treat, and safely return athletes to competition. They can assist with work-out planning, proper techniques, and isolated exercises geared to each sport.

The athlete and/or the parent(s)/guardian(s) understand that participating in athletics can be dangerous, and that the athlete could be risking bodily injury and even sudden death by participating. Participation on the team is strictly voluntary. The athlete and/or the parent(s)/guardian(s) hereby assume full responsibility for any and all injuries and other losses that the athlete may suffer because of participation in athletics and release the AT (licensed athletic trainer) from any claim or liability for any injury or other loss that the athlete may suffer due to participation in athletics, regardless of the cause of the injury or other loss. The athlete and/or the parent(s)/guardian(s) also agree to hold harmless the AT from any and all liability, damages and expenses which may be caused to pay or incur as a result of any claim that may arise from the athlete's participation in athletics and to forfeit any litigation arising out of such activities.

Permission is hereby granted to the AT of the school in which the below mentioned student-athlete is participating, should an injury occur, to provide athletic training services in the form of emergency assessment and/or management of any acute sports injury suffered. An emergency referral to an appropriate physician if, in the opinion of the AT, treatment or further evaluation is necessary is also consented. Permission is hereby granted to the AT of the Olentangy Local Schools to provide athletic training services in the form of care, treatment, evaluation, management, and rehabilitation of any acute sports injury suffered to the student-athlete designated below. An emergency referral to an appropriate physician if, in the opinion of the AT, treatment or further evaluation is necessary is also consented.

Name of Athlete _____

Printed Name Parent/ Guardian _____

Signature of Parent/ Guardian _____

Date _____

This authorization will expire when the student-athlete is no longer enrolled as a student in the Olentangy Local Schools.