



Authorization and Consent for Athletic Training Services

I, the parent/legal guardian of _____, a Student-Athlete at St. Michael the Archangel Catholic High School.

I hereby give consent for a Certified Athletic Trainer, contracted by the school, to provide sports medicine services, including but not limited to: administering first aid or emergency care, initial treatment and management of acute injuries, concussion evaluations, and assessing injuries at the request of the athlete, or athlete's parent/guardian. The Athletic Trainer will only perform procedures that are within their 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 needs further treatment by a physician or rehabilitation services for an injury s/he may see the physician of his/her choice. Injured athletes seen by a physician must provide 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 _____ Email _____

Concussion Statement

- We understand the athlete must report all injuries/illnesses to the athletic trainer.
- We acknowledge athletic training staff will abide by a concussion protocol which includes baseline testing and graduated return to play. School concussion protocol is described in detail in the sports medicine policy and procedures handbook.
- We will complete the concussion education (XLNT Brain video) and understand that:
- 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 not manifest right away and can show up hours or days after
- A concussion can affect reaction time, balance, sleep, classroom performance and the ability to perform everyday activities.
- The athlete must not return to play in a game or practice if s/he has concussion-related symptoms and the athletic trainer has discretion to withhold the athlete if s/he is suspected of having a concussion.

Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____