

Wonewoc-Center Permission Form for Licensed Athletic Trainer to Treat an Injured Athlete

I hereby authorize a Licensed Athletic Trainer to treat injuries that may occur to my child during athletics. Injuries including, but not limited to sprains, strains, fractures, cuts, abrasions, concussions, dislocations, and other athletic injuries. During an emergency, the Licensed Athletic Trainer may do what is necessary to ensure the safety and health of my child, such as begin treatment, activate the EMS system if necessary, and contact the parent/guardian. The Licensed Athletic Trainer will consult the parent/guardian about further treatment the child might need. As a parent/guardian you always have the right to take your child to your family physician or specialist at any time. If the physician is consulted, please remember to obtain documentation from the visit for the athletic trainer.

Athlete's Name Printed _____ Birth Date _____

Athlete's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I hereby release the Licensed Athletic Trainer to inform the appropriate coaching staff, as well as any other health care professionals as deemed necessary, of my child's injury and changes in injury status that may occur.

Athlete Signature _____ Date _____

Parent Guardian Signature _____ Date _____