

Athletic Trainer Treatment Consent Form

The RSU 23 Board of Directors provides athletic training services at OOBHS and LMS for athletes participating in interscholastic athletics for the purpose of educating student-athletes and preventing and treating injuries to student-athletes while participating in school-related athletic events and programs.

I consent to the athletic trainer treating injuries and discussing any injuries or medical conditions with coaches, school staff and other qualified health care providers as deemed necessary within their scope of practice. I understand that in the case of injury or illness requiring transportation to a health care facility, every attempt will be made to contact me (parent/guardian) but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

I understand that the athletic trainer has the authority to restrict or deny participation due to the medical condition of the athlete. Clearance to return to play must be provided by an MD, DO, Physicians Assistant or Nurse Practitioner and must specifically reference the injury of concern.

The school's Athletic Trainer will have final determination when an athlete can return to play in all medical circumstances. (This includes concussion/head injuries.)

Guardian Signature

Relationship

Date