



**PARENTAL CONSENT FORM
FOR ATHLETIC TRAINER
ON-SITE EVALUATION AND TREATMENT**

I hereby consent to allowing a licensed Athletic Trainer employed by Crossing Rivers Health, to provide medical attention to my child, _____, should a known or suspected injury be sustained during the course of an extracurricular sports activity or for an injury that interferes with the student's ability to participate in an extracurricular sports activity.

Said medical attention is to consist of evaluating the extent of injury and determining an appropriate course of treatment. Treatment administered on-site might consist of such things as application of ice, heat, ultrasound, electrical stimulation, massage, taping, bracing, treatment of contusions or lacerations, rehabilitation and flexibility exercises, and the provision of crutches/sling, depending upon the type of injury sustained.

I also allow the Athletic Trainer to advise my child to seek appropriate medical attention for further evaluation and treatment if warranted.

Should an injury be serious or life-threatening in nature, such as an injury resulting in the loss of consciousness or a suspected spinal injury, appropriate emergency professionals will be summoned and will assume any further responsibility for the care of my child.

I understand that Crossing Rivers Health has a contract with the School District to provide medical coverage. Medical attention provided to my child by Crossing Rivers Health on-site, as described above, will be administered at no charge.

You may discuss the medical status of my child noted above with health care providers, school officials, and coaches as necessary for proper care and treatment.

This agreement is to remain in effect throughout the course of the academic year.

Parent's Name (Printed)

Parent's Name (Signature)

Date Signed