



Permission to Treat Minor Athletes

I hereby authorize a Licensed Athletic Trainer (“LAT”) employed by Vernon Memorial Healthcare to treat any injuries incurred by the student-athlete (“student”) during the athletic season under the guidance of a consulting physician. Potential injuries could include but are not limited to, sprains, strains, fractures, cuts, abrasions, dislocations, and other athletic injuries. I understand that signing this permission form does not limit or modify my right to take the student to see a family physician or specialist and that I may do so at any time. By giving this permission, I understand that the LAT may be in direct contact with the student, that such contact may be prolonged in duration, occurring in close proximity, and may require physical contact between the LAT and the student (i.e. hands-on, care-related activities). I understand the LAT may be involved in establishing a safe return plan for the student post-injury. I also give my permission to the LAT to inform the coaching staff of the student’s injury and changes in injury status as they occur.

During an emergency, the LAT may do what is needed to support the safety and health of the student. These actions may include treatment, activation of the Emergency Medical System (EMS), and contact with the parent/student’s legal representative. The LAT will consult the parent/student’s legal representative about any additional treatment the student might need.

(This permission form will remain effective for the entire student athlete’s high school career and only needs to be signed once. I understand that I may withdraw this consent at any time by submitting my request in writing.)

Student Name (Print): _____

Student Signature: _____

Parent/Student’s Legal Representative Name (Print): _____

Parent/Student’s Legal Representative (Signature): _____

Preferred Phone # _____ circle type: home / work / mobile

Secondary Phone # _____ circle type: home / work / mobile

Alternate Contact Name: _____

Relationship to student: _____

Preferred Phone # _____ circle type: home / work / mobile

Secondary Phone # _____ circle type: home / work / mobile