

KEEP

LVHS TRAINING ROOM

**AUTHORIZATION FOR SPORTS MEDICINE SERVICES AND
CONSENT FOR TREATMENT**

I hereby give consent for a Certified Athletic Trainer contracted by the school to provide sports medicine services to my student-athlete. Sports medicine services include, but are not limited to administering first aid for athletic injuries, providing initial treatment and management of acute injuries, and assessing athletic injuries at the request of the athlete, the athlete's coaches, or the athlete's parent/guardian. The Athletic Trainer and/or sports medicine clinical staff will perform only those procedures that are within their training, credential limitations and scope of professional practice to prevent, care for and rehabilitate athletic injuries. I understand that a written report of any athletic injury assessment will be confidentially maintained in the files of the contracted company.

I hereby authorize the assigned Athletic Trainer and/or other clinical staff who provide services to the above-named athlete to disclose information about the injury assessments and post injury status. This will be done as needed, with the coaching staff, Athletic Director of the school, and if necessary the school nurse, any treating healthcare provider, and/or consulting concussion management specialist.

I understand there is no charge to me for the above listed athletic training services. If the athlete is in need of further treatment by a physician, or of rehabilitation services for the injury, he or she may see the physician or provider of his/her choice. Injured athletes that have seen a physician must submit written clearance from that physician to the Athletic Trainer prior to being permitted to resume activity.

This Authorization shall remain in effect for one year ending on the start of practices in the summer of 2018.