



Consent to Treat

I hereby authorize the Certified Athletic Trainers and sports medicine staff acting on behalf of Plattsmouth High School to evaluate and treat any injury/illness that occurs as a result of my participation in athletics. This includes any and all reasonable and necessary preventative care, treatment, and rehabilitation for these injuries/illnesses.

I understand that I must refrain from practice while injured/ill, whether or not receiving medical care. When under medical care I may not return to participation until I have been given permission by Physician, his/her delegate, or Certified Athletic Trainer if deemed necessary. This may occur during or at the conclusion of medical treatment. The overseeing physicians have the FINAL authority regarding participation status following injury/illness.

I understand and agree that if I experience an injury/illness or change in my health status it is my responsibility to inform my Head Coach and the Certified Athletic Trainer. I also agree to adhere to the established injury management guidelines including rehabilitation and reassessment before I am released to return to full participation.

I acknowledge and agree that any such trainer may use his or her own judgment in securing medical aid, including ambulance and other emergency services as a result of any injury during participation in a school sanctioned event. I specifically consent and agree that the above referenced trainer may provide preventative care and treatment of athletic injuries and rehabilitation and reconditioning of athletic injuries.

By signing below, I agree and acknowledge that no athletic trainer (nor the trainer's employer Witte Physical Therapy) assumes responsibility and is not liable for any accident or injury that may occur during the student's participation in an athletic event. I understand that the athletic trainer (and his or her employer Witte Physical Therapy) is not involved in the school athletic program other than providing the services noted herein. This authorization expires one (1) year from the date signed. It may be revoked at any time provided written documentation of the revocation is on file in the athletic training room.

Students Name

Students DOB

Student Signature

Date

Parent/Guardian Signature (if student-athlete is 18 or younger)

Date