



Ben Hill County Schools

Athletic Training Services Consent Form

The Ben Hill County School System has agreed to provide athletic training services for all sports at Fitzgerald High School College and Career Academy (FHSCCA). The athletic training services will be provided by a certified athletic trainer, and not a physician or other type of healthcare professional.

The athletic training services which may be provided by the certified athletic trainer include, but are not limited to: performing assessments of students, administering first aid for athletic injuries, providing initial treatment and management of acute injuries, assessing athletic injuries, and recommending appropriate follow-up care and treatment to the student-athlete and/or his/her parent or guardian. The certified athletic trainer will perform only those procedures, services, and assessments which are within the scope of professional practice.

The student and/or his/her parent(s) or guardian(s) are responsible for obtaining any follow-up care and treatment which may be necessary to address injuries sustained while participating in FHSCCA athletic events.

The certified athletic trainer is not required to be on site for each and every athletic event or practice, and therefore, there is no guarantee the certified athletic trainer will always be on-site and available if the student is injured.

In furtherance of the student's medical care and treatment, the certified athletic trainer shall be authorized to disclose information concerning the student's injury(ies) and treatment to the student's other healthcare providers, coaches and instructors and parent(s) or guardian(s).

Having read and understood the above provisions, I hereby acknowledge and agree to be bound by such provisions and hereby give my express permission and consent for the student listed below to receive athletic training and other services from the certified athletic trainer.

*This consent shall remain valid for the entire school year; all signatures dated April 1st or later will be valid until July 31st of the next year.

Student-Athlete Name: _____

Signature of Parent/Guardian: _____ **Date:** _____