

Consent to Treat and Authorization for Release of Athletic Health Information

ATHLETE'S NAME: _____
Last First Middle
SCHOOL: _____ SPORT(S): _____
PHONE NUMBER: _____ DATE OF BIRTH: _____

I am aware that the athletic training services and care for _____ High School Athletics will be provided by Summa Health System's Center for Sports Health and its affiliates. By providing my signature below, I consent to medical care and treatment provided by the athletic trainer(s) and other medical personnel. I understand that this care may include triage, evaluation, examination, special tests and limited medical treatment of injuries sustained during participation in OHSAA athletic events. I understand that as a result of the medical evaluation, my child may be transported to a hospital emergency department for further treatment.

I am also aware that if my child sustains an injury and is participating in an interscholastic sport, it is imperative that the athletic trainer be able to communicate with coaches, staff, medical personnel, administrators and physicians. **I hereby authorize the athletic trainer(s) providing the coverage for my child's school, employed by Summa Health to communicate with the aforementioned personnel.**

PURPOSE OF DISCLOSURE:

- a. Injury / Illness information
- b. Playing and participation status
- c. Return to play status

If this box is checked, it applies to your school

Your school has purchased a neuropsychological concussion program. This program assists our team physicians/athletic trainers in evaluating and treating traumatic brain injuries (e.g., concussion). A computerized exam is usually given to athletes before beginning contact sport practice or competition. Athletes are tested at least once during their high school career. Athletes participating in sports where a head injury is more likely to happen (e.g., soccer, basketball, wrestling, football, baseball) will be tested. Athletes participating in tennis, cross country, golf, swimming, or track (except field events), will not be pre-tested. If an athlete is believed to have suffered a head injury, this test is used to help determine the severity of that head injury and when the injury has fully healed. **I hereby authorize the athletic trainer(s) providing coverage for my child's school, employed by Summa Health to test my child.**

FOR THE FOLLOWING DATES OF SERVICE/COVERAGE: June 15, 20____ – June 15, 20____

Signature of Athlete / Date

Signature of Athlete's Parent/Guardian / Date

