



Completion of the following form is a condition for participation in athletic practices and events sponsored by:

**South Knox High School**

I hereby give my permission for athletic trainers contracted by the school through ProRehab to provide treatment/services for my child, \_\_\_\_\_, during school sponsored athletic activities. I further give permission for such athletic trainers to provide information about services and my child's condition:

1. To Physicians and emergency medical technicians for treatment purposes
2. To the school athletic director, coaching staff and other personnel involved with my child's participation in such athletic activities in order to facilitate decisions about my child's participation in the athletic activity or the need for further medical treatment.

I understand that I may revoke this authorization at any time, except to the extent that action has been taken in reliance upon it. If not previously revoked, this authorization will expire at the end of the **2018-2019** academic school year.

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We will be collecting the information gathered from the tests that are normally performed in the pre-participation physical exam. This information will be used to develop typical values for balance so that in the future we can tell how an athlete performs compared to other athletes in the same sport. Your name will not be connected with the test results and the results will be used in a group format so that you cannot be identified. Your agreement to allow us to use the test results information will not affect your ability to participate in the sport, complete the physical exam or receive treatment.