

Laramie High School Athletics
Consent to Treatment

Student Athlete Name: _____

Date of Birth _____/_____/_____

I am aware that Laramie High School (“LHS”), whether on its own or through contracted parties, provides athletic trainers and sports medicine staff (“**Athletic Trainers**”). I hereby provide consent for the Athletic Trainers acting on behalf of LHS to evaluate and treat any injury/illness that occurs as a result of my participation in LHS athletic activities. This includes any and all reasonable and necessary preventative care, treatment, and rehabilitation for these injuries/illnesses. I also hereby authorize the disclosure my health information created or obtained by the Athletic Trainers to any LHS officials, coaches, staff, administrators or medical professionals involved in treatment of my injury/illness. If I am under 18 years of age, my parent or legal guardian provides his or her consent as evidenced by signature to this consent.

I understand that the Athletic Trainers have the final authority regarding my participation status in LHS athletic activities following any injury/illness. The Athletic Trainers will consult my overseeing physician to make return to play decisions as necessary. I understand and agree that if I experience an injury/illness or change in my health status it is my responsibility to inform the Head Coach and the Athletic Trainers. I will adhere to the established injury management guidelines, including rehabilitation and reassessment, before I am released to return to full participation in LHS athletic activities.

This consent 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.

Print Student’s Name

Signature

Date

Parent/ Legal Guardian Signature (If under 18)

Date