Shriners Hospitals for Children®

Consent to Athletic Training and Related Care

Name of Athlete:_____ **Date of Birth:**_____/_____/_____

Name of Athlete's School:_____

CONSENT TO TREATMENT

I hereby consent to and authorize athletic training and related care (collectively, "Treatment") for the athlete listed above ("Athlete") from a Shriners Hospitals for Children certified athletic trainer ("ATC"). I understand such Treatment may include injury evaluation, treatment and rehabilitation, application of preventative techniques, emergency medical care and coordination of emergency medical services, therapeutic modalities, communication with coaches, team physicians, and healthcare providers and other such services as the ATC deems necessary. I understand the ATC may need to photograph or record images of the Athlete for purposes of Treatment, and I consent to any and all such recording.

In the event of an emergency, or should additional medical attention be needed, the Athlete may be transferred to a hospital or other healthcare facility. I agree that this consent form will remain in effect until revoked by the Athlete, parent, or legal guardian or upon the Athlete's 18th birthday or if the Athlete otherwise becomes eligible to consent on the Athlete's own behalf. It is the responsibility of the Athlete to notify the ATC that the Athlete has become eligible to consent on the Athlete's own behalf.

The information supplied to SHC is true, accurate, and complete to the best of my knowledge. I certify that I have read this form or have had it read to me, and that I understand and consent to its contents. I also certify I am legally authorized to consent to the Treatment described here, either as the natural or adoptive parent or legal guardian of the Athlete named above, or as the adult or legally emancipated Athlete named above.

_____ Date:____/_____/____

Athlete, Parent, or Legal Guardian Signature

_____ _____

Athlete, Parent or Legal Guardian (print name) Relationship (if not signed by the Athlete)