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**AUTHORIZATION FOR ATHLETIC TRAINING SERVICES
AND CONSENT FOR TREATMENT**

I, the undersigned, am the parent/legal guardian of, _____, a minor and Student-Athlete for _____.

I, hereby give consent for a Certified Athletic Trainer, who is contracted by the school to provide athletic training services for the above minor. This Athletic Trainer is from Northeast Rehabilitation Health Network. Athletic Training services include, but are not limited to: administrating first aide for athletic injuries, providing initial treatment and management of acute injuries, and assessing athletic injuries at the request of the athlete, the athlete's coach, or the athlete's parent/guardian. The Athletic Trainer will perform only those procedures that are within their training, credential limitations and scope of professional practice to prevent, care for and rehabilitate athletic injuries. I understand that a written report of any athletic injury assessment will be confidentially maintained in the files of the training room. A copy of this report will also be available for the athlete to provide to his/her parent/guardian.

I hereby authorize the ATC to share information about the injury assessments and post injury status, as needed, with the coaching staff, Athletic Director and if necessary, the school nurse.

I understand that there is no charge to me for the above listed Athletic Training services. If the athlete is in need of further treatment by a physician, or of rehabilitation services for the injury, he or she may see the physician of his/her choice. Injured athletes that have seen a physician will need written clearance from that physician prior to being permitted to resume activity.

Parent Signature _____
Parent Name (print) _____
Relationship to student athlete _____
Home Address _____
Home Phone _____ Work phone _____
Student Athlete Name _____
Medical data for _____ (student athlete)
Allergies _____
Current Medications _____
Physical impairments _____
Other pertinent medical history _____
Family Physician _____ Physician Phone _____

Revised 03/04