**CHRISTUS Orthopedic & Sports Medicine Institute**

**Sport Injury Evaluation Consent**

I consent for a licensed Athletic Trainers from CHRISTUS Trinity Mother Frances Medical Center to provide athletic training services within the Athletic Trainer’s scope of license to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Athlete). I am the Athlete’s (circle one) parent / guardian / other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Athletic Training services include administering first aid for athletic injuries, providing initial treatment and management of these injuries, and assessing athletic injuries at the request of the Athlete, the Athlete’s coach, or the Athlete’s parent/guardian. This consent is given voluntarily and is not a requirement for the Athlete to participate in District sports programs.

The Athletic Trainers will perform only those procedures that are within his/her training, credential limitations and scope of professional practice to prevent, care for and rehabilitate athletic injuries. A written report of any athletic injury assessment for the Athlete will be confidentially maintained and stored in a secure manner that allows access to authorized personnel only.

The Athletic Trainers is employed by CHRISTUS Trinity Mother Frances Medical Center and is not employed or under the direction or control of Athens Independent School District.

I authorize the Athletic Trainers who provides services to the Athlete to disclose information about the Athlete’s injury assessments and post-injury status, to the involved coaching staff, any treating health care provider or consulting concussion management specialist. I will not be charged for the above listed athletic training services.

If the Athlete is in need of further treatment by a physician or other health care providers, including rehabilitation services for the injury, he or she should see the physician or provider of his/her choice. Although the Athletic Trainers is affiliated with CHRISTUS Trinity Mother Frances, there is no obligation to use a CHRISTUS Trinity Mother Frances facility or affiliated provider. Prior to the performance of any services under this Agreement, CTMF will instruct the Athletic Trainers, if asked to recommend a health care provider, to affirmatively inform the requester that he or she is free to choose any provider, regardless of location or affiliation. Injured athletes who have been evaluated or treated by a physician must submit written clearance from that physician to the Athletic Trainers [heal coach or] prior to the athlete being permitted to resume activity.

If the Athlete has been removed from play because of a suspected injury or concussion, the Athlete will not be permitted to return to play until the Athlete is evaluated by a health care provider, receives medical clearance and written authorization to return to play from that provider. This Consent will remain in effect for one sports season beginning with the date set forth below.

Student Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Athlete’s parent / guardian / other: \_\_\_\_\_\_\_\_\_\_ (circle one)

Date: \_\_\_\_\_\_\_\_\_\_