CONSENT TO TREAT AND AUTHORIZATION FOR RELASE OF ATHLETIC HEALTH INFORMATION

ATHELTES NAME: ____
LAST *FIRST* *MIDDLE*

SCHOOL: ____ SPORT(S): _________________________________

PHONE NUMBER: _______________________________ DATE OF BIRTH: ____________________________

I am aware that the athletic training services and care for _________________________ High School Athletics will be provided by Summa Health Sports Medicine and its affiliates. By providing my signature below, I consent to medical care and treatment provided by the athletic trainer(s) and other medical personnel. I understand that this care may include triage, evaluation, special tests, and limited medical treatment of injuries sustained during participation in OHSAA athletic events. I understand that as a result of the medical evaluation, my child may be transported to a hospital emergency department for further treatment.

I am also aware that if my child sustains an injury and is participating in an interscholastic sport, it is imperative that the athletic trainer be able to communicate with coaches, staff, medical personnel, administrators and physicians. **I hereby authorize the athletic trainer(s) providing coverage for my child's school, employed by Summa Akron Hospital and its affiliated Hospitals to communicate with the aforementioned personnel.**

PURPOSE AND DISCLOSURE:
a. Injury/Illness Information
b. Playing and participation status
c. Return to play status

If this box is checked, it applies to your school.
[ ] Your school has purchased a Neuropsychological concussion program. This program assists our team physicians/athletic trainers in evaluating and treating traumatic brain injuries (e.g., concussion). A computerized exam is usually given to athletes before beginning contact sports practice or competition. Athletes are tested biannually. Athletes participating in sports where a head injury is more likely to happen (e.g. soccer, basketball, wrestling, football, baseball) will be tested. Athletes participating in tennis, cross country, golf, swimming, or track (except field events), will not be pre-tested. If an athlete is believed to have suffered a head injury, this test is used to help determine the severity of that head injury and when the injury has fully healed. **I hereby authorize the athletic trainer(s) providing coverage for my child's school, employed by Summa Akron City Hospital and its affiliated Hospitals to test my child.**

FOR THE FOLLOWING DATES OF SERVICE/COVERAGE: ___________________________________

____ _________________________
Signature of Athlete Date

____ _________________________
Signature of Athlete's Parent/Guardian Date