

# CONSENT FOR TREATMENT

Sport(s): \_\_\_\_\_ Student-Athlete Name: \_\_\_\_\_  
(Print) (Print)

I, the parent/guardian of the above named student, understand that my student-athlete may be injured while participating in school-sponsored athletics. I hereby grant permission to physicians covering Lebanon Junior and Senior High School athletic events and Memorial Hospital's Certified Athletic Trainer to administer any preventative, first aid, or emergency treatments to evaluate and examine, which they deem reasonably necessary to the health and well-being of my student-athlete.

I further understand and consent to the Certified Athletic Trainer's providing advice to my student-athlete concerning nutrition, hydration, and conditioning. The Certified Athletic Trainer may also provide to my student-athlete hot or cold packs, wound care, taping, massage, whirlpool treatment, and therapeutic exercises which I also authorize and consent to be performed on my student-athlete during his/her participation in school sponsored athletics.

This consent form is valid for the duration of the student-athlete's school year unless I rescind permission in writing to my student's school:

Lebanon Junior and Senior High School  
200 W. Schuetz St.  
Lebanon, IL 62254

\_\_\_\_\_  
Print Student-Athlete's Name      Student-Athlete Signature      Date

\_\_\_\_\_  
Print Parent/Guardian Name      Parent/Guardian Signature      Date