

San Dieguito Unified School District Athletic Trainer Consent Form

To be read and signed by the student-athlete and the parent / legal guardian if the student is under 18 years old.

Per the CIF Sports Medicine Advisory Committee "Athletic trainers interact on a daily basis with the athletes for whom they are caring, are well trained in acute injury and illness evaluation and management, facilitate care from other clinicians when needed, and work closely with team physicians to provide comprehensive care for athletes"

Student Name: _____ **DOB:** ____/____/____

1. CONSENT FOR ROUTINE OR EMERGENCY CARE: I hereby authorize the Athletic Trainers (ATs) employed by San Dieguito Unified School District (SDUHSD) to evaluate and treat any injuries/illness incurred by the student. Potential injuries could include but are not limited to sprains, strains, fractures, abrasions, dislocations, concussions, and other athletic injuries. By giving this permission, I understand that the ATs may be in direct contact with the student. I give permission for the ATs to provide treatment deemed necessary/beneficial to the student. I understand the ATs may be involved in establishing a safe return plan for the student post-injury/illness. I also give my permission to the ATs to inform school administrators and team coaches of the student's injury and changes in injury status as they occur. During an emergency, the ATs may do what is needed to support the safety and health of the student. These actions may include treatment, activation of the Emergency Medical System (EMS), and contact with the parent/student's legal representative. The ATs will consult the parent/student's legal representative about any additional treatment the student may need in severe situations. I understand that signing this permission form **does not** limit or modify my right to take the student to see a family physician or specialist and that I may do so at any time.

2. ADDITIONAL INFORMATION

1. SDUHSD insists that all decisions be made in the best interest of the student-athlete and that when any doubt exists as to the health of the student-athlete, they sit out.
2. I understand that the student must refrain from practice while injured and/or ill if advised by the ATs or another medical provider. The overseeing health care provider(s) has the final authority regarding participation status following injury/illness.
3. I understand and agree that, as a student, if I experience an injury, illness, or change in health status, it is my responsibility to inform the head coach and the athletic trainer. I must provide a written medical clearance note before being released to return to full participation. Students must adhere to the established injury management guidelines, including rehabilitation and reassessment before being released to return to full participation.
4. I understand that at the athletic trainer's discretion, the student may be referred to additional healthcare providers for diagnosis and treatment of any injury and/or illness. It is the responsibility of the parent/legal representatives to arrange for care.
5. I hereby authorize the SDUHSD ATs to view and document in the electronic health record which includes protected health information directly related to the evaluation and treatment of a known or suspected injury sustained during athletic participation and/or interferes with the ability to participate.

This authorization shall remain effective until the end of the school year. The undersigned certifies that the student and parent/legal representative has read this form, understands its content and significance, and is competent and authorized to execute it on the student's behalf.

Student Signature

Date

Parent/Legal Representative Signature

Date

(if student athlete is under 18 years of age)