

Ralston High School Medical Consent to Treat Form

Ralston High School Athletic Trainers (“RHS Athletic Trainers”) provide “Athletic Training” to RHS athletes, which services include the prevention, emergency care, first aid, treatment, and rehabilitation of Athletic Injuries using certain physical modalities (i.e. methods of treatment). “Athletic Injuries” means the types of musculoskeletal injury or common illness and conditions, incurred by athletes, which prevent or limit participation in sports or recreation and which RHS Athletic Trainers are educated to treat or refer.

I, the undersigned, certify that I am the parent or legal guardian of the child or children listed below and that I am authorized to provide informed consent for any Athletic Training provided to the applicable child below by RHS Athletic Trainers. I hereby consent to the following (please initial where giving consent):

_____ The child or children below may receive Athletic Training from RHS Athletic Trainers for Athletic Injuries, as needed.

_____ RHS Athletic Trainers may contact or otherwise communicate with other health care providers (including, without limitation, other RHS Athletic Trainers) as needed for purposes of providing Athletic Training.

The above consents are intended to cover any Athletic Injury sustained in connection with any RHS athletic competition or practice, whether on or off RHS property, and while travelling to or from any such competition or practice under the supervision of RHS. I understand the nature of the athletic training services which I have consented to above, and I acknowledge that no guarantees have been made to me or my child as to the results thereof.

I hereby specifically release and agree to indemnify and hold harmless Ralston Public Schools, its board members, employees, contractors and agents (including, without limitation, RHS Athletic Trainers) from any and all claims associated with taking or refraining from taking any action in accordance with the above instructions, including, without limitation: giving, obtaining, or refraining from giving or obtaining, Athletic Training services.

I acknowledge that I am financially responsible for the payment of any medication, medical or surgical care, treatment or procedures provided to my child. I further acknowledge that the instructions set forth above will remain in effect until the minor child reaches the age of majority or I provide written notice to RHS that I am revoking the instructions provided for in this document.

Parent/Guardian Printed Name

Child Printed Name

Parent/Guardian Signature

Child Printed Name

Child Printed Name

Child Printed Name