



Athlete's Name: _____

Date: _____

Consent to Treat

In the event that an athletic injury or illness should occur to the above named student-athlete while participating in a sanctioned athletic activity for E.O. Smith HS, I give my permission for them to receive proper/necessary care from a certified / licensed athletic trainer, physician or other health care individual representing Select Physical Therapy Sports Medicine. Furthermore, in the event that a medical emergency should occur and I cannot be contacted, I give my permission for a Select Physical Therapy health representative to arrange for ambulance service to the nearest medical facility. I also give permission for the staff of the medical facility to render treatment, which is considered necessary, for the student-athlete's well being and health.

Signature _____

Date: _____

Parent(s)/Legal Guardian(s) must sign for minors.

The student shall not participate in sports without completed consent to treat form on file.