



### CONSENT TO TREATMENT

ATHLETE 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 ("School") sanctioned athletic activities will be provided by the Avita Health System's Center for Sports Health, its hospitals (Galion Community Hospital and Bucyrus Community Hospitals (the "Hospitals")), subsidiaries and affiliates (collectively, "Avita"). By providing my signature below, I consent to medical care and treatment provided by Avita and its contracted or employed athletic trainer(s) and other medical personnel ("Personnel"). I understand that this care may include triage, evaluation, examination, special tests, and limited medical treatment of injuries sustained during participation in athletic activities sponsored by the School and/or at Ohio High School Athletic Association ("OHSAA") athletic events ("Athletic Trainer Services"). I understand that as a result of the medical evaluation, the Athlete may be transported to a hospital emergency department for further treatment if deemed advisable by Avita Personnel, medical responders, School or OHSAA officials.

I am also aware that if the Athlete sustains an injury and is participating in School sanctioned athletic activities, it is imperative that Avita Personnel be able to communicate freely with individuals involved. I hereby consent to Avita Personnel communicating with the Athlete and any and all School officials, coaches, staff, administrators, OHSAA representatives, medical personnel and physicians involved in the Athlete's injury and/or treatment.

**If this box is checked, it applies to your school**

Your school has purchased a Neuropsychological Concussion Program. This program assists our Personnel in evaluating and treating traumatic brain injuries (e.g., concussion). A computerized exam is usually given to athletes before beginning contact sport practice or competition. Athletes are tested at least once during their four (4) years of participation in high school interscholastic athletics. Athletes participating in sports where a head injury is more likely to happen (eg. 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, the test is used to help determine the severity of the head injury, and whether the injury has healed. I hereby authorize Avita, its affiliated Hospitals, and Personnel to test the Athlete pursuant to the Neuropsychological concussion program.

This consent is limited to the provision of Athletic Trainer Services, and does not obligate the Athlete to receive ongoing medical treatment or services from Avita outside of the services rendered in connection with School sanctioned athletic programs.

\_\_\_\_\_  
Signature of Athlete / Parent or Guardian  
(Parent or Guardian must sign if Athlete is under 18)

\_\_\_\_\_  
Date