**VERITAS: Permission for Athletic Trainer to Treat**

 Participation in athletics as Veritas requires acceptance of risk of injury. Your decision to participate in athletics as Veritas indicates your acceptance of this risk. In order to minimize this risk, athletes must be aware of and abide by the procedures and safety rules put in place by the athletics staff. Improper use, modification or abuse of your equipment can result in serious injury. Participation in sport carries a risk for injuries including but not limited to, sprains, strains, bruises, concussions and sever head injuries. Sound conditioning and training programs are designed to help prevent injury, while rehabilitation programs are designed to enable recover and return to participation safely. It is an athlete’s responsibility to follow these programs just as it is their responsibility to learn and use proper skills, techniques and strategies for your sport.

***Note****: While periodic assessment of injury patterns may lead to modifications of the rules and other safety decisions, safety cannot be legislated solely through a rulebook or equipment standards. All participants must share the responsibility for sport safety. This means respect on everyone’s part for the intent, spirit, and purpose of the rules and guidelines.*

The undersigned herewith (initial each line below) :

1. \_\_\_\_\_\_\_\_\_\_\_\_\_ I agree to allow the Veritas Athletic Trainer to evaluate, treat, and care for an injury or illness that may occur to him/her. This may include a referral to another qualified medical professional.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that he/she will refrain from practice or play while injured until given permission by the Veritas Athletic Trainer to return to participation.
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that having passed the medical qualifying evaluation does not mean that he/she is physically qualified to engage in athletics, only that the evaluation did not fine medical reason to disqualify him/her at the time of evaluation.
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ I agree to report to the Veritas Athletic Trainer: All injuries sustained, any change in injury or medical history and all medications taken.
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ I Give consent for the Veritas Athletic Trainer to release information to coaching staff, emergency personnel, or other medical professional as appropriate for the purpose of communicating the nature and status of injury sustained and treatment.

Student Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_