

## 2011-12 Sport Season Permission Slip

I, \_\_\_\_\_, give/do not give permission for the Athletic Trainer, Sarah Stang, ATC, to prevent, evaluate, and treat any injury my son/daughter, \_\_\_\_\_, may receive while attending Montrose Area Jr/Sr High School. Responsibilities of the Athletic Trainer include the following:

- ✓ Prevent athletic injuries in all ways possible
- ✓ Assess any athletic injury that occurs related to a sporting practice or event
- ✓ Manage any athletic injury that occurs related to a sporting practice or event
- ✓ Treat any athletic injury that occurs within the scope of practice of an Athletic Trainer
  - This includes, but is not limited to: first aide, tapings, wrappings, cold therapy (i.e. ice) , heat therapy (i.e. moist heat), electrical stimulation, ultrasound, massage, and therapeutic exercises
- ✓ Determine if any athletic injury should be evaluated by a physician or another outside practitioner
- ✓ Determine if any athletic injury needs rehabilitation either performed by the Athletic Trainer or an outside physical therapy clinic

Signature: \_\_\_\_\_

Date: \_\_\_\_\_