

Permission to Treat and Consult

Athlete's Name: _____ Date: _____

The University of Northwestern Ohio employs certified athletic trainers who are qualified to assess, treat, and rehabilitate most injuries you may incur while participating in our intercollegiate athletic program.

The Athletic Trainers qualifications include: certification by the National Athletic Trainers Association; licensed by the State of Ohio Board of Occupational Therapy, Physical Therapy, and Athletic Trainers; certification in CPR, first Aid and AED; and a minimum of a Bachelor degree in the sports medicine field or related field.

(Please circle the appropriate response): **I DO / I DO NOT** give my permission for the athletic training staff to assess, treat, rehabilitate, and refer me as appropriate during the upcoming year. This permission includes authorization to discuss my injury and/or conditions in consultation with other athletic training staff members and coaches as appropriate.

Signature