

## STUDENT-ATHLETE CONSENT TO TREAT

\_\_\_\_\_ (college/high school/ sports club) currently hires contracted employees of Northwestern Memorial HealthCare and clinical affiliates to perform athletic training services that will include, but shall not be limited to, the following:

- A. On-site recognition, evaluation and immediate treatment of injury and illness with appropriate referrals for follow-up care
- B. Development of injury and illness prevention strategies
- C. Facilitation of rehabilitation and reconditioning
- D. Promotion of safe and appropriate practice, competition and treatment facilities
- E. Advise on the selection, fit, function and maintenance of athletic equipment
- F. Development and implementation of a comprehensive emergency action plan
- G. Establishment of protocols regarding environmental conditions
- H. Provision of nutritional counseling and education
- I. Consultation with parents/guardians of student athletes as reasonably requested

I understand that by presenting myself for health care services to a licensed athletic trainer, I authorize and consent to the performance of any and all tests, treatments, and procedures which may be provided by Northwestern Memorial HealthCare and clinical affiliates, arising out of immediate treatment of injury and illness and follow-up care.

### REQUIRES SIGNATURE FOR CONSENT TO TREAT.

\_\_\_\_\_  
Print Student-Athlete Name

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date Signed