



## Pearl City School District

### *Consent to Treatment and Procedures*

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I, \_\_\_\_\_ (Parent/Guardian), consent to an FHN athletic trainer providing treatment to \_\_\_\_\_ (athlete's name) for injuries sustained during an athletic practice/competition. This treatment will be free of charge to both the athlete and the school.

Each athlete and parent has the right to consent or not to consent to any proposed procedure. A consent to treat form must be signed by a parent for the athlete to receive treatment. This is required so that FHN athletic trainers can assess and treat injured athletes at the school.

Treatment can include but is not limited to therapeutic modalities (ultrasound and electrical stimulation) and therapeutic exercise (sport specific exercise allowing athletes to return to full participation), following injury rehabilitation protocols and physician's recommendations as needed.

Signed: \_\_\_\_\_  
(Parent/Legal Guardian)

\_\_\_\_\_ Date