

PEARL CITY C.U.S.D. #200



100 S. Summit

Pearl City, Illinois 61062

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TIM THILL
Superintendent

KELLY MANDRELL
JH/HS Principal

CHRISTINA WALLACE
Elementary Principal

IHSA Sports Medicine Acknowledgement and Consent to Treat Form

Student/Parent Consent and Acknowledgements

Yes No

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy.

Yes No

Also by signing this form, we consent to an FHN athletic trainer providing treatment to the athlete 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 the 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.

Student Name (Print): _____ Grade: _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to athlete: _____