

Cassville School District Consent for Grant Regional Health Center  
To Provide Athletic Training Services

Through the current contract between Cassville School District ("School") and Grant Regional Health Center ("GRHC") for Athletic Training/Sports Medicine services, I, \_\_\_\_\_ hereby consent to allow a licensed physical therapist or licensed athletic trainer (collectively "Professional(s)") employed by GRHC to provide Baseline ImPACT® Concussion Testing and appropriate medical attention to my child should a known or perceived injury or illness arise during the course of a School extracurricular sports activity ("Onsite Activity.") I understand that GRHC is providing this service on a contract basis with the School.

I further understand that the medical attention provided by the Professionals is preliminary and limited in nature. Should an injury or illness arise, the Professional will evaluate the extent of such injury or illness to the best of the Professional's ability in the Onsite Activity environment. The Professional may also determine preliminary steps in addressing the injury or illness, within the scope of each Professional's scope of practice. Examples of such preliminary steps include (but are not limited to) application of ice, appropriate taping techniques, treatment of contusions or lacerations, or the provision of braces or crutches. I understand that it is my responsibility to follow up on any identified injury or illness with subsequent medical care.

Should my child's injury be serious or life-threatening in nature, such as an injury resulting in the loss of consciousness or a suspected spinal injury, I understand that the Professionals will render immediate care to my child within his/her scope of practice and summon the appropriate emergency medical professionals who shall assume further responsibility for the treatment of my child. I also understand that any medical attention provided to my child by the Professionals during the Onsite Activity, as described above, will be administered at no charge to me or my child.

I understand that the Professionals may advise me and my child to seek appropriate medical attention for further evaluation and treatment, but that it is my responsibility to determine whether such further evaluation or treatment is necessary regardless of such advice or the absence of such advice.

I consent to allow the Professionals to disclose my child's medical status and medical information only with appropriate medical personnel as necessary for my child's proper treatment and to communicate to School employees and team coaches or other staff as necessary, including (but not limited to) my child's readiness to participate in future athletics.

I provide this consent with the understanding that it is valid and effective throughout the course of the School's athletic season unless otherwise I revoke this consent in writing to GRHC, by sending an email to drecker@grantregional.com or mailing a notice of revocation to Dave Recker 507 S. Monroe St. Lancaster, WI 53813. I hereby agree to indemnify and hold harmless GRHC and the Professionals providing services from any and all claims or liability for services rendered during this Onsite Activity in reliance upon this consent.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE