THE RICHLAND HOSPITAL
and Clinics

ATHLETIC TRAINER CONSENT TO TREATMENT FORM

Print student-athlete name: _____ DOB: ____/_____/____

Print parent/guardian name: _____

School (select one): ☐ Ithaca School District ☐ Richland School District ☐ Riverdale School District

To be read and signed by the student-athlete (SA) and the parent/guardian if the student is under 18 years old.

The Richland Hospital and Clinics (TRHC) provides Licensed Athletic Trainers (LATs) to local high schools for the purpose of educating student-athletes, preventing, evaluating, and treating injuries, emergency care, and providing concussion treatment to student-athletes while participating in school-related athletic events and programs.

I consent to authorizing any LAT provided by TRHC to evaluate and treat any injuries incurred by the SA that would affect their ability to fully and safely participate in athletics. Potential injuries could include but are not limited to sprains, strains, fractures, abrasions, dislocations, and concussions. I understand that the LAT may be in direct contact with the student, that such contact may be prolonged in duration, occurring in proximity, and may require physical contact between the LAT and the student (i.e., hands-on, care-related activities). I understand the LAT will be involved in establishing a safe return plan for the student post-injury.

I give permission to the LAT to inform relevant medical providers and school personnel of injuries or medical conditions and changes in status as they occur. This will only occur on a need-to-know basis.

During an emergency, the LAT may do what is needed to support the safety and health of the student. These actions may include treatment, activation of the Emergency Medical System (EMS), and contact with the parent/guardian. Every attempt will be made to contact the parent/guardian, but, if necessary, the SA will be transported via ambulance to the nearest hospital. The LAT will consult the parent/guardian about any additional treatment the student may need.

I understand that at LAT discretion, the SA may be referred to additional health care providers for diagnosis and treatment of an injury and/or illness. It is the responsibility of the parent/guardian to arrange for care.

I understand that the LAT can restrict or deny participation due to the athlete's medical condition. If activity/participation restrictions are given during a medical appointment, clearance from the restrictions must also be given by a physician, physician's assistant or nurse practitioner. A note may be required from the visit and must specifically reference the injury of concern. The LAT will have final determination when an athlete can return to play in all injury and medical circumstances. This includes concussion/head injuries.

(continued on back)

I understand that in the result of a concussion, the SA may be required to be evaluated by an additional health care provider (physician, physician's assistant, or nurse practitioner) before they are allowed to return to participation. The LAT will have the final say in return to participation from concussion after the student completes the return-to-play protocol.

I hereby authorize TRHC LATs to view and document in the electronic health record (which includes protected health information) data directly related to the evaluation and treatment of a known or suspected injury sustained during athletic participation or for an injury and/or illness that interferes with the ability to participate.

I give permission for the TRHC LATs to implement baseline concussion testing including cognitive and balance testing. Data gathered from testing will be securely and electronically stored and may be utilized for comparison if there is a suspected concussion. Only if necessary, data from testing may also be shared with the student-athlete's other health care provider and/or school personnel.

This authorization is effective for the 2026/2027 school athletic year. I understand that I may withdraw this consent at any time.

Student-athlete signature:_____ Date: _____

Athlete's email: _____

Grade for the 26/27 school year: _____

List all sports: _____

Parent/guardian signature:_____ Date: _____

Parent/guardian's email: _____

(Parent/guardian signature only required if the student-athlete is under the age of 18)