

Sports Injury Consent to Treat Form Sample

This **sports injury consent to treat form sample** ensures that athletes and their guardians provide authorization for medical treatment in case of sports-related injuries. It clearly outlines the types of treatments permitted and the responsibilities of coaches and medical personnel. This form helps facilitate prompt and effective care while maintaining legal compliance and athlete safety.

Athlete Information

Athlete Name:

Date of Birth:

Sport/Team:

Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

Email Address:

Consent to Treat

I, the undersigned, hereby authorize qualified medical personnel, including team coaches, trainers, and emergency medical responders, to provide and arrange for medical treatment in the event of sports-related injury or illness. This includes, but is not limited to, assessment, first aid, emergency treatment, diagnostic procedures, and/or transport to a medical facility as deemed necessary.

I acknowledge that every effort will be made to contact me regarding my child's condition and necessary treatment. I understand this authorization is given in advance of any required care to ensure prompt treatment.

I release the school/organization, its agents, and employees from any liability for decisions made in good faith regarding such medical care.

Emergency Contact

Emergency Contact Name:

Emergency Phone Number:

Signatures

Parent/Guardian Signature:

Date:

Athlete Signature (if 18 or older):

Submit