

CAPITAL UNIVERSITY
Permission to Treat and Consult

Athlete's Name: _____ Date: _____

Capital University employs certified athletic trainers who are qualified to assess, treat and rehabilitate most injuries you may incur while participating in our intercollegiate athletic program.

The Athletic Trainers qualifications include: certification by the National Athletic Trainers Association; licensed by the State of Ohio Board of Occupational Therapy, Physical and Athletic Trainers; certification in CPR, and First Aid; and a minimum of a Bachelor degree in the sports medicine field or related fields.

(Please circle appropriate response): **I DO / DO NOT** give my permission for the athletic training staff to assess, treat, rehabilitate, and refer me as appropriate during the upcoming year. This permission includes authorization to discuss my injury and/or conditions in consultation with other athletic training staff members and coaches as appropriate.

Signature