

PARENT PERMISSION FORM FOR ATHLETIC TRAINING SERVICES

The Berlin - Milan Local School District has contracted with Fisher-Titus Medical Center for the 2009-10 school year to provide athletic training services at Edison High School. A certified athletic trainer from Fisher-Titus Medical Center will assist the coaches and athletes in the recognition, rehabilitation, treatment and management of injuries. The trainer will be on-site during the week, including practices and games for taping, injury evaluation and assessment.

Please sign below and return this sheet to the Athletic Office.

I AUTHORIZE my son/daughter _____ to have access
(student-athlete's name)
to a certified athletic trainer from the Fisher-Titus Medical Center and to release any or all information concerning their injury to his/her coach, athletic director or other school representative.

Parent/Guardian Signature

Date

I DO NOT AUTHORIZE my son/daughter _____
(student-athlete's name)
to have access to a certified athletic trainer.

Parent/Guardian Signature

Date