



SOUTHWELL

MEDICAL-ADEL

A campus of TIFT REGIONAL MEDICAL CENTER

2023-2024

Southwell Medical has agreed with the Cook County School District to provide athletic training services for certain sports at Cook County High School (“CCHS”), including the sport(s) participated in by the student athlete named below. The athletic training services will be provided by a certified athletic trainer, and not a physician or other type of health care professional.

The athletic training services which may be provided by Southwell Medical certified athletic trainer include, but are not limited to: performing assessments of student athletes, administering first aid for athletic injuries, providing initial treatment and management of acute injuries, assessing athletic injuries, and recommending appropriate follow-up care and treatment to the student athlete and/or his/her parent or guardian, Southwell Medical certified athletic trainer will perform only those procedures, services, and assessments that are within the trainer’s training, experience, credential limitations and scope of professional practice.

The student athlete and/or his/her parent(s) or guardian(s) are responsible for obtaining any follow-up care and treatment which may be necessary to address injuries sustained while participating in CCHS athletic events.

Under the agreement between the Cook County School District and Southwell Medical, the certified athletic trainer is not required to be on-site for each and every athletic event or practice, and, therefore, there is no guarantee that the certified athletic trainer will always be on-site and available if the student athlete is injured.

In furtherance of the student athlete’s medical care and treatment, the certified athletic trainer and other Southwell Medical staff shall be authorized to disclose information concerning the student athlete’s injury(ies) and treatment to the student athlete’s other health care providers, coaches and instructors, and parent(s) or guardian(s).

In addition to the athletic training services described above, under the agreement between Southwell Medical and the Cook County School District, Southwell Medical has agreed to offer annual physicals for eligible CCHS student athletes.

Having read and understood the above provisions, I hereby acknowledge and agree to be bound by such provisions and hereby give my express permission and consent for the student athlete listed below to receive athletic training and other services from Southwell.

***This Consent shall remain valid for the entire school year, and shall apply for each CCHS sport in which the student athlete participates.

2023-2024 Trainer Consent Form

Name of Student Athlete: _____

*** This Consent Form may be executed by the student athlete if he/she is at least eighteen (18) years of age. For student athletes who are not at least eighteen (18) years of age, a parent or guardian of such student athlete must execute this Consent Form.

Student Athlete Signature (if authorized to sign): _____

Date: _____

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____