



PERMISSION FOR TREATMENT

The Athletic Training plus services of Action Physical Therapy & Rehabilitation, Inc. have been contracted to provide Sports Medicine services for Brookfield School District athletes.

Should an athlete become injured at a Brookfield School District sanctioned activity where arrangements have been made to have a Certified Athletic Trainer on staff from Action Physical Therapy & Rehabilitation, Inc. present, the Athletic Trainer(s) will evaluate the athlete for further treatment or referral to a physician or staff Physical Therapist.

Should a medical emergency occur, we will make every effort to contact you about treatment for your child. In the event you cannot be contacted, we ask that you give us the permission below to provide medical treatment:

In the event I cannot be contacted by phone, I grant permission for the Athletic Trainer and/or staff Physical Therapist of Action Physical Therapy & Rehabilitation, Inc. to provide treatment for:

_____ Yes, I grant permission to treat _____ No, I do not grant permission to treat

Athlete's Name: _____ Date of Birth _____

Parent/Legal Guardian Name: _____

Phone Number _____ Work Phone Number _____

Address: _____

Health Insurance: _____ ID# _____

Parent/Legal Guardian Signature: _____ Date: _____

PHOTOGRAPHY RELEASE/AUTHORIZATION

In such events as an athlete being selected as Action Physical Therapy's Athlete of the week. Action Physical Therapy & Rehabilitation, Inc. will be awarding the athlete a t-shirt as well as a certificate. In recognition of this achievement, Action Physical Therapy & Rehabilitation, Inc. would like to publish pictures of these athletes on their website and social media.

I hereby grant consent to and authorize the use of my child's photographic image for use by Action Physical Therapy & Rehabilitation, Inc. This authorized consent is applicable to create, copy, reproduce, exhibit, publish, or distribute such testimonial and/or photographic image or video. I understand that the above uses may include, but are not limited to film, photographs, print, websites, multi-media programs, social media, or other types of promotional items existing now or in the future.

_____ Yes, I grant photo release _____ No, I do not grant photo release

Athlete's signature: _____ Date: _____

Parent/legal guardian signature (if under 18) _____ Date: _____