



# Ascension St. Elizabeth Hospital

A Department of Ascension NE Wisconsin

## CONSENT TO ATHLETIC TRAINER SERVICES

I hereby consent to the provision of Athletic Trainer Services for my minor child,  
\_\_\_\_\_ by Certified Athletic Trainers of the  
Ascension Wisconsin Sports Medicine department.

I understand these Athletic Trainer Services consist of evaluation of potential injury, recommendations for treatment up to and including emergency medical treatment, and provision of appropriate treatment (exercises, massage, whirlpool, heat or cold, taping and/or splinting of affected areas, use of protective devices), and short and long term injury rehabilitation.

I understand the Certified Athletic Trainers may communicate and collaborate with the nursing staff, coaches, counselors, social workers and administration regarding any potential limitations or restrictions during school or athletic participation.

I understand and agree that I am responsible for seeking follow-up care with my own physician or other provider for my child in the event my student is injured and may require medical attention.

I understand it is my responsibility to participate in good reciprocal communication with the Certified Athletic Trainer and nursing staff regarding any changes to my students' injury or status or if I have any questions regarding the course of care.

I have read and understand the contents of this consent, understand that if I had questions I could contact Kerrie Linsmeyer (920)716-6360, and my questions have been answered to my satisfaction.

I authorize and consent to my minor child's receipt of services from Certified Athletic Trainers of the Ascension Wisconsin Sports Medicine Department.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

Ascension Wisconsin -St. Elizabeth Campus  
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