



CONSENT FOR CARE AND TREATMENT

I am the parent or legal guardian of _____, a minor. I acknowledge that Sports & Rehab and the Safe Sports Network provide certain athletic injury care services. I hereby consent to Apple Therapy Services and the Safe Sports Network's performance of these services for my child, including injury screening and treatment. I understand that the screenings and treatment will be conducted by a licensed athletic trainer or medical practitioner.

Date

Parent or Guardian Name (please print)

Signature of Parent or Guardian