



PALATINE PERFORMANCE CENTER

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Consent To Treat**

**Athlete Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In the event that an athletic injury or illness should occur to the above-named student athlete while participating in a sanctioned athletic activity at (enter team/school). I give my permission for them to receive proper/necessary care from a certified / licensed athletic trainer, physician or other health care individual representing Select Medical Outpatient division. Furthermore, in the event that a medical emergency should occur, and I cannot be contacted, I give my permission for a Select Medical health representative to arrange for ambulance service to the nearest medical facility. I also give permission for the staff of the medical facility to render treatment, which is considered necessary, for the student-athlete's well being and health.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTES**

- Parent(s)/Legal Guardian(s) MUST sign for minors.
- The student shall not participate in sports onsite without a completed consent to treat form on file.