FIRST-AID AND ATHLETIC TRAINING SERVICES CONSENT FORM

I understand that Central Indiana Orthopedics, P.C., doing business as Central Indiana Sports Medicine, through some of its employees, will be providing certain first-aid and athletic training services to Frankton-Lapel Community Schools sports programs and its players during the academic year. I understand that the persons providing these services are athletic trainers and/or physicians.

I hereby consent to the furnishing of such services to my child,

_____,
by Central Indiana Sports Medicine, through its employees, as they may consider necessary or advisable.

Date _____

Parent Printed Name _____

Signature of Parent _____