

**SIMSBURY HIGH SCHOOL**  
**DEPARTMENT OF ATHLETICS AND STUDENT ACTIVITIES**  
**2024-25 CONSENT TO TREAT FORM**

**Student- Athlete's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

In the event that an athletic injury or illness should occur to your student-athlete while participating in a sanctioned athletic activity at Simsbury High 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 Outpatient division 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.

The student shall not participate in sports without completed consent to treat form on file.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_