

# MINOR ATHLETE

## Manual Therapy and Therapeutic and Recovery Modalities Consent Form

### MANUAL THERAPY AND THERAPEUTIC AND RECOVERY MODALITIES

This consent form is for In-Program Manual Therapy and Therapeutic and Recovery Modalities which require parental consent as per the Minor Athlete Abuse Prevention Policies.

Review the consent form and only complete the necessary areas by initialing that area. Then sign the form at the bottom. Not all areas of the form are required to be completed.

Please note depending on the policy, consent could be required:

- 1 | Every instance,
- 2 | On an annual basis, or
- 3 | The parent/guardian can determine if the consent is provided every instance or annually.

If an option is not provided for annual consent, then consent needs to be provided in every instance. Additionally, consent can be withdrawn by a parent/guardian or Minor Athlete at any time.

The undersigned is the parent/guardian of the Minor Athlete identified below, who is a member or participant of \_\_\_\_\_, and under the age of 18.

This consent is provided pursuant to \_\_\_\_\_,

and I acknowledge that \_\_\_\_\_ contains policies that are intended to prevent abuse and risks of harm. I acknowledge that I have been advised that prior to granting consent, I should complete the training entitled *Parent's Guide to Misconduct in Sport* available at [safesporttrained.org](https://safesporttrained.org).

## MANUAL THERAPY AND THERAPEUTIC AND RECOVERY MODALITIES

### Annually

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent for said Minor Athlete to receive In-Program manual therapy and therapeutic and recovery modalities for a time period of one year from the date of this consent.

I understand that the following guidelines apply for Manual Therapy and Therapeutic and Recovery Modalities:

- 1 | All sessions must be Observable and Interruptible and follow the Manual Therapy and Therapeutic and Recovery Modalities Policy as found in \_\_\_\_\_
- 2 | All sessions must have a second Adult Participant physically present for the treatment to occur.
- 3 | My Minor Athlete will be fully or partially clothed and their breasts, buttocks, groin, and genitals will always be covered.
- 4 | A parent/guardian must be permitted to observe treatment, except for situations where it occurs in a competition or training venue that limits credentialing.
- 5 | The provider must narrate the steps in the modality before taking them, seeking assent of the Minor Athlete throughout the process.

I understand that my Minor Athlete or I can withdraw consent for In-Program manual therapy and therapeutic and recovery modalities at any time.

Initial \_\_\_\_\_ Date \_\_\_\_\_

MANUAL THERAPY AND THERAPEUTIC AND RECOVERY MODALITIES

Specific Dates

I, as the parent/guardian of the Minor Athlete identified below, hereby authorize and consent for said Minor Athlete to receive In-Program manual therapy and therapeutic and recovery modalities for injuries under the following parameters:

LOCATION OR EVENT NAME	DATE OF TREATMENT PROVIDED	PROVIDER

I understand that the following guidelines apply for Manual Therapy and Therapeutic and Recovery Modalities:

- 1 | All sessions must be Observable and Interruptible and follow the Manual Therapy and Therapeutic and Recovery Modalities Policy as found in
- 2 | All sessions must have a second Adult Participant physically present for the treatment to occur.
- 3 | My Minor Athlete will be fully or partially clothed and their breasts, buttocks, groin, and genitals will always be covered.
- 4 | A parent/guardian must be permitted to observe treatment, except for situations where it occurs in a competition or training venue that limits credentialing.
- 5 | The provider must narrate the steps in the modality before taking them, seeking assent of the Minor Athlete throughout the process.

I understand that my Minor Athlete or I can withdraw consent for In-Program Manual Therapy and Therapeutic and Recovery Modalities at any time.

Initial \_\_\_\_\_ Date \_\_\_\_\_