



## Sports Informed Consent Form

Health care providers should have your informed consent prior to examination and treatment. The purpose of this form is to inform you, not to alarm you. What you are being asked to sign is simply a confirmation that we have disclosed the following information and that you authorize us to evaluate and provide treatment to assist your child with functional health and injury recovery. If their condition is life threatening we will offer supportive care until emergency medical personnel arrive.

Any and all treatment supplied **on field** is complimentary as an act of community service. Be advised that we will not be present at every event. This form serves notice that we will not be liable for providing emergency personnel in our absence. Nor are we liable for the acts or timeliness of emergency personnel should they be called.

In certain types of injury we could use the following diagnostic or treatment modalities. Chiropractic joint mobilization, bracing, massage or trigger point therapy, therapeutic exercises. Some additional information about the types of care is listed below.

**The Chiropractic Adjustment:** An application of an impulse to a joint articulation in such a way as to correct joint movement. This procedure may cause an audible “click” much as you have experienced when you “pop” your knuckles. It is common for a general soreness to be present while the joint continues to heal.

**Temporary Pain:** It is common for an adjustment as well as traction, massage therapy, exercise, in fact, virtually any form of treatment to result in a temporary increase in soreness in the region being treated.

**Rehab Exercises:** Therapeutic exercises may cause an aggravation to muscles, ligaments, or other soft tissue.

As your children move forward in soccer the competitive nature of the sport will continue to climb as will the demands placed on their neuromuscular and skeletal systems. Recognizing that they will be demanding more from themselves in terms of speed and agility and will be encounter more physical contact, I want to offer care that goes beyond injury focussed care and place emphasis on natural performance enhancement.

I hereby authorize the physician(s) at **Leaf Chiropractic & Wellness Center, Inc.** to provide such additional services, as they may deem reasonable and necessary for the treatment of your child. I hereby state that I have been made aware of the above information and have the opportunity to ask for clarification on any topics listed on this consent form. **This authorization granted to the Chiropractic Physicians at Leaf Chiropractic & Wellness Center, to treat your child will include care requests from the child, coach or parent whether the parent or guardian is present or not and be in force until written notice is received stating otherwise.**

Check if your child has a latex allergy or skin hypersensitivity (describe) :    DATE: \_\_\_\_\_

CHILD’S NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_