

Appropriate Adult Consent - Under 18 - Football Environment Steve Snelling BSc (Hons) MCSP

Chartered Sports Physiotherapist

21 Long Gore, Godalming, Surrey. GU7 3TE (m) 07887 681 681 (e) steve@phizbiz.com

To The Parent/Guardian/Appropriate adult of a person under of 18 years Involved in Football.

Treatment Environment Information

A person, who is not an adult, for whom you have responsibility may need or has asked me to provide them with physiotherapy treatment.

If we are to treat them would feel more comfortable if you were aware of, and consent to, the following:-

- 1. Any treatment and rehabilitation administered may take place in open changing rooms, treatment rooms, and gyms, training grounds, pitches or other environments at which we are working.
- 2. Changing and Shower facilities are shared with others.
- 3. Other people may be in and around areas in which we may be carrying out treatments. Medical confidentiality is impossible to guarantee in these environments if you wish to keep any treatments private and confidential alternative arrangements will need to be made –please let us know.
- 4. We cannot accept responsibility for the consequences of the actions, comments or behaviour of others in the football environment.
- 5. Except in an emergency, we will try and ensure another adult is present during any treatments. This may be a coach, manager or another player whom we treating but you should be aware that they may be nearby and may not be directly observing the treatment at all times.
- 6. From time to time we have other health professionals, masseurs, sports therapists and work experience individuals working with us. They may be involved in providing or observing treatments and rehabilitation.
- 7. We use various technologies to communicate with patients including, e-mails, text messaging & Facebook. These networks are not secure and you should not communicate anything to us via these methods that you do not want to be in the public domain. In relation to persons under 18 we may copy in the appropriate adult coaches and managers on the communication. In signing this document you consent to this.
- 8. In order to record injuries we frequently make a photographic record to whichwe hold the copyright these records may be later used on our web site and for presentations, promotional and educational purposes. By signing this form you and the patient agree to their use in such circumstances.
- 9. You are welcome to attend any treatment/rehabilitation sessions but this has to be done by prior arrangement and will not be possible during team training/rehabilitation.

Provided you understand and agree to any treatments being delivered in the above environment and circumstances please complete the below consent declaration and return it to me.

Steve Snelling BSc (Hons) MCSP

I	am the	Of	
Print Name		hip Print Name of	
I have read and understood the above conditions being assessed and treated	•		
Signed		Date	
Sign Name		Pri	int Date
Contact Details		E-mail	
Print Home & Mobile	Numbers	Print E-mail Details	
Signed Player/Patient		Date	
•	ign Name		int Date

