Parent/Guardian Massage & Athletic Treatment Consent Form

I, _____, as the parent/legal guardian of _____, a minor athlete, hereby give my express written permission for_____, a licensed massage therapist, certified athletic trainer, physical therapist, or other qualified healthcare professional, to provide massage, soft tissue treatment, athletic training, or other therapeutic services to my minor athlete.

Treatment Information

Date(s): _____ Location: _____ Type of Treatment: _____

I understand and acknowledge the following:

- The treatment is being provided for the health, recovery, or athletic care of my minor athlete.
- In accordance with Vernon Hills Turtles Swim Team, USA Swimming, and U.S. Center for SafeSport policies, the treatment **must not occur with only the healthcare professional and my minor athlete alone in a room.** At least one additional adult must be present, or the treatment must occur in an observable and interruptible environment.
- I understand that I have the right to be present and observe the treatment if I choose.
- This authorization is valid **only for the date, location, and treatment described above.**
- I may withdraw this consent at any time before the treatment by notifying the Head Coach or Team Administrator.

By signing below, I acknowledge that I have read, understand, and voluntarily consent to the treatment described above.

Parent/Legal Guardian

Printed Name: _____ Signature: _____

Date: _____

Healthcare Professional

Printed Name: _____ Professional Title/Credentials: _____

Signature: _____ Date: _____