



**Unionville Milliken Soccer Club  
Medical Consent & Confidentiality**

Name of player: \_\_\_\_\_ Team: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to player: \_\_\_\_\_ Email: \_\_\_\_\_

Allergies, medical conditions or ongoing concerns: \_\_\_\_\_

---

---

**Medical**

I understand that my son/daughter may seek medical assessment or advice from Dr. Melissa Corso during offered on-field assessment hours. Dr. Melissa Corso is a chiropractor specializing in sport injuries and youth athletes. She will provide a brief assessment followed by recommendations for your son/daughter, which may include advice, stretching, exercises, and/or brief treatment. If treatment is indicated, Dr. Melissa Corso will explain her findings at the time of assessment and ask that your son/daughter sign a consent form for treatment. The on-field assessment time is a service provided by the club is at no cost to the player or parents.

**Confidentiality**

I understand that as health and performance manager at UMSC, Dr. Melissa Corso may have access to personal and medical information relating to my son/daughter. In an effort to ensure that players follow the appropriate return to play protocol in the event of an injury, Dr. Melissa Corso will communicate with coaches when players are cleared to return to play. If your son/daughter is seeing a medical doctor or other therapist to manage their injury, please provide Dr. Melissa Corso with a letter clearly stating that your son/daughter may participate in practices (to what extent) and/or when they can fully return to play (full contact practices and games). This information can be provided in person, by email or by text. This will then be relayed to the relevant coaching staff. In the event where short-term notice has been provided by medical personnel, proof of participation can be shown directly to the coaches, however, it will still need to be sent to Dr. Melissa Corso for appropriate documentation.

**Consent**

I hereby consent to Dr. Melissa Corso providing medical assessment and relevant recommendations for my son/daughter when he/she presents to on-field assessment hours or if they become injured on-field when she is present.

In the event of injury or removal from play, I consent to the release of medical information pertaining to the type and severity of injury, injury progress and expected return to play to relevant coaching staff, trainers and managers. No additional information will be released without the explicit approval of the player or parents.

Parent name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_