

MINNESOTA DANCE MEDICINE

AT THE MINNESOTA SHUBERT PERFORMING ARTS & EDUCATION CENTER

~ INJURY PREVENTION ASSESSMENT ~ CONSENT FOR EVALUATION

I AUTHORIZE MINNESOTA DANCE MEDICINE IN CHARGE OF THE INJURY PREVENTION SCREENING OF:

(NAME OF PARTICIPANT)

TO ADMINISTER ORTHOPAEDIC SCREENING TESTS, EVALUATIONS, AND TREATMENTS, WHICH MAY INCLUDE: POSTURAL ASSESSMENT, MANUAL MUSCLE TESTING, FLEXIBILITY TESTING, FUNCTIONAL TESTING AND TO RECOMMEND EXERCISE OR OTHER FOLLOW-UP REFERRALS FOR THE PREVENTION OF INJURIES AND/OR FOR GENERAL WELLNESS GUIDELINES IN THE ASSESSMENT OF THIS VOLUNTARY, INJURY-PREVENTION ASSESSMENT PARTICIPANT. I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT, AND ALL OF MY QUESTIONS HAVE BEEN ANSWERED. ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN BEFORE I SIGNED.

I DO NOT WANT MY SERVICES BILLED TO AN INSURANCE COMPANY, AND WILL NOT DO SO MYSELF. MINNESOTA DANCE MEDICINE IS A NON-PROFIT ORGANIZATION AND ANY DONATION IS TAX-DEDUCTIBLE.

PARTICIPANT'S SIGNATURE: _____

DATE: ___/___/_____

IF PARTICIPANT IS A MINOR, COMPLETE THE FOLLOWING:

PARTICIPANT (IS A MINOR _____ YEARS OF AGE)

PRINT NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: ___/___/_____

MINNESOTA DANCE MEDICINE IS A NON-PROFIT ORGANIZATION OF DEDICATED DANCE MEDICINE PROFESSIONALS CONDUCTING RESEARCH AND EDUCATION AS WELL AS CARING FOR THE INJURED DANCER.

www.mndancemed.org

ADAPTED WITH PERMISSION FROM THE HARKNESS CENTER FOR DANCE INJURIES