



PhysioActive Ltd, Sports & Spinal Practice

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Dear Parent

We are pleased to announce that after half-term we will be offering a free drop-in physiotherapy clinic at the Eric Liddell Sports Centre on Monday lunchtimes. The clinic will be for any pupils who may have sustained an injury during sports fixtures in the preceding weekend and will be headed by Chartered Physiotherapist and PhysioActive Director Jim Hopkins.

The aim is to provide a fast diagnosis of injury to enable the player and parents to decide on an appropriate course of action. This may simply be advice to rest the injury or it may be that further investigation is required, either by a physiotherapist, GP or other specialist. Please note that physiotherapy treatment will not be given in these sessions.

There will be no charge for this service and it will be run on a first come first served basis. Pupils under the age of 18 will not be seen unless we have received written consent from the parent or guardian (please refer to the form below). Each pupil, once seen, will receive an information slip detailing the diagnosis and suggested course of action. This information will also be communicated to the school sports staff and school nurse.

We hope that your child will enjoy an injury free season; however in the event of an injury we hope that you will find our drop-in clinic to be a beneficial service. If you would like your child to be included please complete the consent form below and return it to the senior school reception.

If you would like to speak to one of the PhysioActive Directors first, please feel free to contact us either by telephone or email.

Yours faithfully

Chris Boynes
PhysioActive Clinical Director

PLEASE RETURN TO THE SENIOR SCHOOL RECEPTION
Eltham College/PhysioActive Consent to Treatment

I consent to my son/daughter: Form:
receiving a physiotherapy assessment from a PhysioActive chartered physiotherapist. His/her DOB:

I consent to details regarding any injury seen being communicated to the school sports staff and school nurse. YES/NO

Name of Parent/Guardian:.....

Address:.....
.....
.....

Tel:.....Email:.....

Signature:..... Date:.....