



Cupping Therapy Consent Form 2019-2020

Cupping therapy is a form of alternative medicine in which a therapist puts special cups on your skin for a few minutes to create suction. It is used for many purposes, including to help with pain, inflammation, blood flow, relaxation and well-being, and as a type of deep-tissue massage. There is almost no risk of use and is similar to any other form of soft tissue work (i.e. massage or Graston). However, there may be risk of discoloration where the cups were placed.

This is a voluntarily treatment option the can be accessed by your student-athletes with your consent. In order to be prepared in the event of this treatment is desired by your student, you are receiving this proactively for permission to utilize Cupping Therapy by the Blackstone Valley Tech Athletic Trainer.

The student & parent/guardian must initial each item and sign this consent form if you agree to its terms and conditions:

Student **Parent/Guardian** Student name: _____

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| _____ | _____ | I understand that all Cupping treatments at this facility are all therapeutic and rehabilitative in nature. |
| _____ | _____ | Information has been provided about Cupping Therapy. If I choose for my student to experience this type of treatment, I understand the potential effects. |
| _____ | _____ | It has been explained to me by the Athletic Trainer that there is a possibility of discolorations after the treatment sessions. |
| _____ | _____ | I understand that the reaction from the Cupping Therapy is discoloration, and <i>not bruising</i> . This reaction occurs from the release and clearing of stagnation and toxins from the body. |
| _____ | _____ | I further understand that these discolorations will dissipate anywhere from a few hours to as long as two weeks. |
| _____ | _____ | I agree to communicate with my Athletic Trainer if there is any discomfort during the Cupping Therapy session. |
| _____ | _____ | I understand that I should avoid extreme exposure to hot showers, baths, Saunas and hot tubs. It has been explained that such extremes can produce undesirable effects, and I should avoid such situations. |
| _____ | _____ | It has been explained to me that I should avoid intake of excessive caffeine, alcohol, sugary and processed foods. |
| _____ | _____ | It has been highly recommended that before and after treatments that I consume an abundance of water. |

I/We the undersigned father and/or mother or guardian(s) of _____, in consideration of permitting our student to participate in Cupping Therapy, do hereby RELEASE, acquit, discharge, and covenant to hold harmless the Blackstone Valley Regional School District, and its successors, governing body, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after the student has reached their majority resulting or to the result from the student's participation in the Blackstone Valley Regional School's Athletic Training Cupping Therapy.

Signature of Parent/Guardian: _____ Date: _____

Signature of Practitioner: _____ Date: _____