



Physical Therapy • Personal Training • Sports Performance Training • Ergonomics

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Parental Consent

I/we understand that this is a limited medical exam that is required by TSSAA before students may participate in school athletic programs. I/we further understand that this is a screening only and a physician should further evaluate any medical concern as a result of this screening. I/we hereby release Progress In Motion Physical Therapy and all other participants providing this examination from any liability that may arise from this screening. I/we hereby grant permission to _____ School, its physicians and trainers to render aid, treatment or medical care deemed reasonably necessary to the health and well being of the above individual. I/we further authorize first aid, preventative, rehabilitative or emergency treatment deemed reasonably necessary to protect the health and well being of the above individual. I/we additionally grant when necessary for protecting the health and well-being of the above individual, permission for hospitalization, treatment or surgery at a competent and or accredited facility. I/we further release _____ School its trainers, agents, servants and employees from any liability for damage and injury to the above individual and hereby accept the full responsibility for any and all damages or injuries sustained as a result in participation in _____ (sport or activity).

Student's name (printed) _____

Student's signature: _____ Date: _____

Parent/Guardian(s) signature: _____ Date: _____