



Parental Authorization to Perform the Physical Capacity Profile® Testing and/or Drug Screening

I give my consent that _____ may perform the Physical Capacity Profile® Testing and/or Drug Screening. I understand this capacity assessment involves the following components:

1. Review of medical history
2. Upper extremity strength
3. Lower extremity strength
4. Trunk strength
5. Fitness
6. Spirometry
7. Active lumbar range of motion
8. Lower extremity mobility
9. Maximum lifting capability
10. Drug screening

I also understand that with physical activity or testing of such, there is a possibility for an injury to occur.

Parent or Legal Guardian Signature

Date

Parent or Legal Guardian Name (printed)

Address

City, State, Zip Code

Phone Number