



Professional Consent Form (PCF) Sample

By signing this waiver, the athlete and guardian/parent/coach releases and waives all responsibility for National Sports M.A.P.®, LLC, League Name, Team Name and Field/Park Name in regard to any and all conditions which may arise following the body work. The client agrees and consents to receive stretching, sports medicine, and sports massage services from all National Sports M.A.P.®, LLC, practitioners at this time.

<u>Name</u>	<u>Signature</u>	<u>Parent/Coach Initial</u>	<u>Time Signed-In</u>	<u>Location & Type of work (i.e. Legs, Stretch, Ankle Wrap)</u>
Steve Johnson	Student-Athlete sign	G-P-C Initials	10:25 AM	Left Ankle Wrap, Leg Stretch
Jordan Smithe	Student-Athlete sign	G-P-C Initials	10:28 AM	Right Shoulder Evaluation, Ice
Chris Martin	Student-Athlete sign	G-P-C Initials	10:42 AM	Pre-game Leg Stretch
James Conner	G-P-C Signature	G-P-C Initials	10:48 AM	Head, Neck pain, knocked heads w/opponent
5				
	Professional Consent Form (PCF) Sample:			
10	This document would typically be completed by hand, on-site by guardian / parent / coach			
	Professional Consent Form requires all fields be completed:			
	Student-Athlete sign-in / S-A Signature / Guardian - Parent - Coach Signature Initial / Time Signed-In / Location & Type of Work requested			
15	When you sign-up on a PCF at a youth sports event, please stay around the sports medicine practitioner.			
	The PCF allows our team to keep record of injury statistics per sport, demographic, location, and timing.			