



720 N Webb Rd
Grand Island, Ne 68803
Ph: 308-384-2500

Parental Authorization to Perform the Physical Capacity Profile® Testing

I give my consent that _____ may perform the Physical Capacity Profile® testing. I understand this capacity assessment involves the following components:

1. Upper extremity strength
2. Lower extremity strength
3. Trunk strength
4. Fitness
5. Spirometry
6. Active lumbar range of motion
7. Lower extremity mobility
8. Maximum lifting capability

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

Parent or Legal Guardian name (printed)

Date

Parent or Legal Guardian Signature

Street Address

City and State

Phone