



PT | SOLUTIONS®

PHYSICAL THERAPY

Consent to Treatment and Waiver of Liability Form

I, the parent/legal guardian of the student-athlete, understand that PT Solutions provides athletic training, first aid, emergency, and certain other medical services in connection with certain athletic events and programs at Carolina Day School. In case of emergency or accident on the school grounds or during any school activity involving the student designated below, which in the opinion of school authorities or personnel of PT Solutions requires immediate medical attention, I hereby grant permission to such school authorities and PT Solutions personnel to render medical treatment and to obtain the services of qualified medical personnel to treat the condition unless I am present and request otherwise or until I later request otherwise.

I also hereby release and agree to hold harmless Nikolaus Holmberg LAT/ATC, Carolina Day, PT Solutions and their employees and agents, including, but not limited to, the Athletic Trainers from any and all liability in case of accident, injury, damage or other mishap in connection with all medical services or athletic trainer services they provide to my student-athlete.

_____ Signature of Parent/Legal Guardian

_____ Date