PRESIDENTS' ATHLETIC CONFERENCE
Treatment Release Form

Date_____

Dear Fellow PAC Athletic Trainer:

(Athlete's Name) _____ requires the following treatment(s):

Treatment	**Parameters/Explanation**
_____ Cold Whirlpool	_____
_____ Warm Whirlpool	_____
_____ Ultrasound	_____
_____ Electric Stimulation	_____
_____ Special Taping	_____
_____ Other	_____

Check One:

_____ Please allow my student athletic trainer to provide treatment.

_____ Please administer treatment to my athlete.

Thank you for your assistance.

Sincerely,

_____
Certified Athletic Trainer