

Sports Physical

Parent Acknowledgement, Consent, and Authorization to Treat

I am the parent or guardian of the athlete identified below. By signing below, I consent to a physical examination of the athlete for the sole purpose of receiving medical clearance to play in school sports.

I acknowledge the following:

This examination does not replace, or serve as a substitute for, a full well-child examination in an appropriate clinical setting with the athlete's primary care provider.

The medical clearance provided by the practitioner-provider is based on a brief and limited physical examination of the athlete outside of the clinical setting without the benefit of access to the athlete's medical history. The examination cannot detect all problems or prevent injury from athletic participation.

The medical clearance is based on the information provided by the athlete and/or parent/guardian.

By signing below, I authorize the providers at the sports physicals event to treat the athlete listed below and my presence at the physical is not required.

ATHLETE AND PARENT/GUARDIAN INFORMATION

Athlete Name

Parent/Guardian Name (printed)

Signature

Date