



Parental Consent for Sports Physical Examination

Date: _____

I am the parent/legal guardian of: _____

(student's name)

School Name: _____

1. I consent to the provision of a sports physical examination to my child by a provider of Health Ministries Clinic, Inc. for the purpose of determining whether there are any evident medical conditions that would put the student at a greater risk of injury when participating in interscholastic sports.
2. To aid in the accuracy and thoroughness of the sports physical examination, I consent to the Health Ministries Clinic provider's review of confidential health information contained in the student's written health history. The information provided in the student's written history is accurate and up to-date.
3. I understand this examination is limited to an examination for evident medical conditions that could affect interscholastic sports participation. I further understand that this examination is not intended to be a full medical physical.
4. I understand abnormal findings and failed physical exams should be followed up by my student's primary care provider (PCP).
5. I release Health Ministries Clinic, Inc., its providers, and its employees from any and all liability arising from the provision of this physical examination.
6. I understand the above policy and have given correct information

Parent/Legal Guardian Signature: _____

Printed Name: _____

Contact Number: _____