



## Parent Sports Consent Form

I, \_\_\_\_\_, parent or legal guardian  
(parent/guardian name)

of \_\_\_\_\_, born \_\_\_\_/\_\_\_\_/\_\_\_\_, do hereby authorize  
(student athlete name) (student athlete's date of birth)

a sports/school physical on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_.

I understand this is a pre-season sports physical screening exam. It is not a comprehensive exam and is not intended to provide treatment or to create a physician/patient relationship. I understand that athletic participation comes with the risk of injury. This screening exam cannot detect all problems or prevent injury from athletic participation. I understand that if follow-up evaluation is recommended, it is my responsibility to seek care from an appropriate provider.

I certify I am the parent/legal guardian for this athlete/minor. I understand the information above.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Parent/Guardian Contact Number

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Student Contact Number

Circle the Sports You Play:

Baseball  
 Cheerleading  
 Field Hockey  
 Softball  
 Volleyball  
 Cross-Country  
 Golf

Basketball  
 Swimming  
 Football  
 Track  
 Wrestling  
 Diving  
 Soccer

Dance  
 Lacrosse  
 Tennis  
 Band  
 Color guard  
 Other:

\_\_\_\_\_

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date