



Public Health
 Prevent. Promote. Protect.
Crawford County
Health Department

USD 247 Southeast Schools
 Sports Physical at School
 Parent Consent Form

I, _____, parent or legal guardian of
 (parent/guardian name)

_____, born ____/____/____,
 (student athlete name) (student athlete's date of birth)

do hereby authorize a sports physical on ____/____/____ at
 (date of sports physical exam)

_____ in the Southeast School District,
 (school/location of sports physical exam)

for my child, a student at _____ school.
 (student athlete's school)

I understand this is a pre-season sports physical screening exam. It is not a comprehensive exam, and it is not intended to provide treatment nor 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 Day Contact Number)

(Parent/Guardian Cell Number)