

Sports Physical at School Parent Consent Form

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

_____, born ____/____/____, do hereby authorize
(student athlete name) *(student athlete's date of birth)*

a sports/school physical on ____/____/____ at _____ in
(date of sports physical exam) *(school/location of sports physical exam)*

Deptford Township NJ for my child, a student at Deptford Twshp High 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 or Pager Number