

Sports Physical at School Parent Consent Form

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

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

do hereby authorize a sports/school physical on May 8, 2024. at Caney Valley School in Washington county Oklahoma.

Cost of the physical is \$10 payable at the time of the physical. Insurance will not be accepted.

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 that I am the parent or 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