



## Consent for Sports Physical

I, Parent/Guardian for \_\_\_\_\_ Date of Birth \_\_\_\_\_,  
(Name of Patient)

hereby consent to the examination of my child for the purposes of a sports physical by an FHN provider.

I also understand that protected health information will be obtained through the completion of the sports physical and the associated documents and furthermore authorize the release of this information directly to \_\_\_\_\_ School District.

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

Print name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_