



PHYSICAL EXAMINATION CONSENT FORM

I am the legal guardian of _____ (student)

from _____ (High School).

I Hereby authorize **St. Elizabeth Sports Medicine** to conduct a pre-participation physical screening on the above named athlete.

I understand that this is only a physical examination and does not constitute a formal doctor/patient agreement. I am also aware that **St. Elizabeth Sports Medicine** has numerous doctors, nurses, interns and allied health care personnel and staff who may assist, participate in, or perform the physical examination and I have authorized their assistance in participating and/or performing the physical.

I also understand that this examination is designed to determine difficulties that may arise with athletic participation and is not a complete physical examination designed to detect rare or occult disease.

Here by release **St. Elizabeth Sports Medicine** and their staff from any and all liability that may arise from the administration of this physical examination, whether or not foreseen or unforeseen.

If a health problem is found, I understand that **St. Elizabeth Sports Medicine** will inform me of any need for further medical attention. I have read and understand this acknowledgement form.

Parent/Legal Guardian

Date

Address

Home Phone

Work Phone