

Tuckahoe Union Free School District

Sports Physical at School

Parent/Guardian Consent Form

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

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

authorize a sports/school physical at Tuckahoe Union Free School District, 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 a risk of injury. This screening exam cannot detect all problems or prevent injury from athletic participation. I understand that if a follow-up evaluation is recommended, it is my responsibility to seek care from an appropriate provider.

I certify that 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 Phone Number