



RSK-4547-FRM
REV 0 05.07.2022

School Sports Physical Consent Form

NAME: _____ DATE OF BIRTH: _____
Print First and Last Name MM/DD/YYYY

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT'S/GUARDIAN'S NAME: _____

PARENT'S/GUARDIAN'S EMAIL ADDRESS: _____

PARENT'S/GUARDIAN'S PHONE NUMBER: _____

I hereby give consent for CMC providers to conduct my child's physical for participation in school sports. I understand that no treatment will be provided during said physical. If the physical reveals a condition which warrants further evaluation or treatment, I understand that a CMC provider will contact me at the provided phone number to discuss any need for referral or follow-up. I understand that I can arrange for such referral or follow-up with the provider of my choice.

Signature of Patient's Parent or Guardian:

Relationship to Patient: _____
