

# SPORTS PHYSICALS

## For All School Activities



Houston Methodist Willowbrook Hospital will be hosting physicals at its Orthopedics & Sports Medicine clinic:

**HOUSTON METHODIST ORTHOPEDICS &  
SPORTS MEDICINE AT WILLOWBROOK**

13802 Centerfield Dr., Suite 300  
Houston, TX 77070

**Saturday, Aug. 2**

8 a.m. – noon

281.737.2120

**Cost of physical – \$20, cash only**

For more information, please call **281.737.2120**.

### DON'T FORGET:

- Wear light, comfortable clothing.
- Bring glasses or wear contacts, if you have corrected vision.
- Please bring your school physical form with medical history completed.
- Please bring a signed physical consent form.

HOUSTON  
**Methodist**<sup>®</sup>  
ORTHOPEDICS &  
SPORTS MEDICINE

13802 Centerfield Dr.  
Houston, TX 77070

**281.737.2120**

022025



**Please Print in Box**

School: \_\_\_\_\_

Student Name: \_\_\_\_\_

**Confirmation of Understanding of Limited Scope and Purpose of the  
Extra-Curricular/Co-Curricular Pre-Participation Physical Exams**

I, \_\_\_\_\_, (Print Parent/Legal Guardian Name) am aware that my child/ward,  
\_\_\_\_\_ (Print Child's Name), will attend an event providing pre-participation physical exams for  
student athletes at \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ ("the event"). The event is sponsored and provided by  
Houston Methodist ("Houston Methodist") for the sole purpose of clearing students for participation in extra-curricular/co-  
curricular programs. The screening physical exam will be performed by volunteer healthcare providers. By signing this form, I  
am confirming I understand and agree to the following:

- **I consent to the extra-curricular/co-curricular physical exam for the above-named child.**
- This is **NOT** a comprehensive physical exam and should not take the place of routine medical care; I understand that this is a **screening physical for clearance for participation in extra-curricular/co-curricular activities ONLY**;
- Any patient-physician relationship created during the event will terminate immediately upon completion of the screening physical;
- I understand that my child may need additional testing before he/she can be cleared for participation in athletic activities and it is my sole responsibility to obtain such additional testing or medical care: I understand that if it is determined that my child needs additional medical treatment; I will be notified of any such recommendation. I understand that a limited number of non-invasive tests may be available and performed at the event for my convenience; **I consent to any and all additional non-invasive testing as deemed necessary by the screening physician during the event without notification to me prior to the testing**;
- I consent to the release of the results of my child's physical screening exam to his or her school (including a coach, athletic trainer, teacher or administrator) present at the event. This consent is valid for 180 days and I understand that I may revoke this consent at any time. I understand that the information released may not be protected under the law once it is disclosed and may be subject to re-disclosure by the Recipient.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**RELEASE FROM LIABILITY AND INDEMNIFICATION**

I hereby release, waive, discharge and covenant not to sue Houston Methodist and its subsidiaries, officers, directors, trustees, employees, agents and affiliated companies from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be caused by or related to my child's participation or presence at the extra-curricular/co-curricular Physical Examination Event.

I acknowledge that I have read and understand the foregoing Release and that my signature below acknowledges the statements made in the Release.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_



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