



EMERGENCY ROOM

CONSENT FOR ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

(Last)

(First)

(Date of Birth)

As the parent or legal guardian of the student named above, I have provided an accurate health history and give permission for Ally Medical Emergency Room – Central Austin to provide my student with an Athletic Pre-Participation Physical Examination (“Physical Examination”). I understand this consent will permit Ally Medical Emergency Room – Central Austin to provide the Physical Examination, to my minor student, in my absence.

Although the Physical Examination is provided by Ally Medical Emergency Room – Central Austin provider, it will not create an ongoing treatment relationship between my student and the Ally Medical Emergency Room – Central Austin provider. I understand this means it is my responsibility to seek and obtain follow up care for my student with a primary care physician, if recommended by the Ally Medical Emergency Room – Central Austin provider. I also understand the Athletic Pre-Participation Physical Examination is not a substitute for an annual examination by a primary care physician.

In addition to the consent for Physical Examination provided in the paragraph above, my signature below authorizes Ally Medical Emergency Room – Central Austin, and its providers, to release information related to my student’s Physical Examination including, but not limited to, medical diagnosis and referrals upon request to AISD.

Signature

Printed Name

Relationship: must be parent or legal guardian

Date