



Physical Exam Consent Form 2024- 2025

I am the legal guardian of _____
(Student) from _____ (School). I
hereby authorize North Texas Medical Center to conduct a pre-participation physical
screening on the above mentioned student athlete. I understand that this is only a
physical examination and does not constitute a formal doctor/ patient agreement. I am
also aware that North Texas Medical Center may use numerous physicians, residents,
nurse practitioners or physician assistants who may participate in or perform the
physical examination. I authorize their assistance in participating and/or performing the
physical. I also understand that this examination is designed to determine the
difficulties, which may arise with athletic participation, and is not a complete physical
examination designed to detect a rare or occult disease. I hereby release North Texas
Medical Center, as well as their staff, from any and all liability, which may arise from the
administration of this physical examination, whether or not foreseen or unforeseen. If a
health problem is found, I understand North Texas Medical Centers Physicians will
inform me of any need for further medical attention.

I have read and understand this acknowledgement form.

Parent/Guardian: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone _____

***A parent or legal guardian must sign this consent form before the student will be
examined.***