

**This is only a sample.  
Reword as needed.  
MAKE SURE YOUR MALPRACTICE INS CO  
APPROVES IT!**

## Valley High School Sports Physical

Bob Wonderful, D.C.  
1234 Main St  
Spineville, CA 99999  
(916) 123-4567

### Consent to Perform Sports Physical on Minor Youth

I hereby give my informed consent for the participating physician(s) to perform a pre-participation screening physical examination on my child. I realize that this screening is only an examination; it does not take the place of a complete examination. During a screening examination, the physician is not responsible for any ongoing medical care or treatment of any injuries that occur on the day of the exam or subsequently. My child, to the best of my knowledge, has no known serious medical conditions that would prevent him/her from participating in sports. I agree to follow up with my local physician if anything preventing participation is found by this screening. I understand that my child will be prescreened to provide the medical personnel with the base line data in the event of an injury and return to play criteria.

Minor's Name \_\_\_\_\_

I, the parent/guardian have received, read, and agree to the conditions of the consent form. Initials \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_