



Rural Health Clinic - Conrad
809 Sunset Blvd. | PO Box 668 | Conrad, MT 59425
Ph (406) 271-3231 | Fx (406) 271-3576

Sports Physical at School Parent Consent Form

I, _____, parent or legal guardian of
(parent/guardian name)

_____, born ____/____/____, do hereby authorize
(student athlete name) (student athlete's date of birth)

a sports physical on _____ at _____ in
(date of sports physical exam) (school/location of sports physical exam)

the Conrad School District, for my child.

I understand this is a pre-season sports physical screening exam. It is not a comprehensive exam and it is not intended to provide treatment nor to create a physician/patient relationship. I understand that athletic participation comes with the risk of injury. This screening exam cannot detect all problems or prevent injury from athletic participation. I understand that if follow-up evaluation is recommended, it is my responsibility to seek care from an appropriate provider.

I certify I am the parent/legal guardian for this athlete/minor. I understand the information above.

_____/_____/_____
Signature of Parent/Guardian Date

(_____) _____ - _____
Parent/Guardian Day Contact Number

(_____) _____ - _____
Parent/Guardian Cell Number