



PO Box 990 \_\_\_\_\_ Shelby, Montana 59474  
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## 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