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## Sports Physical Exam Consent Form

I am the parent/legal guardian of \_\_\_\_\_ (Student)  
from \_\_\_\_\_ (School).

I hereby authorize Atrium Health Wake Forest Baptist to conduct a pre-participation physical screening for athletics on the above mentioned student.

I understand that this is only a physical examination for athletics and does not create a formal doctor/ patient relationship. I am also aware that Atrium Health Wake Forest Baptist may use numerous physicians, residents, nurse practitioners, physician assistants and/or other healthcare professionals who may participate in or perform the physical examinations. I authorize their assistance in participating and/or performing the physical.

I understand that this examination is designed to determine whether there are any evident medical conditions that could put the student a greater risk of injury when participating in athletics. This examination is not intended to be a full medical examination. This physical examination cannot detect all problems or prevent injury form athletic participation, and it is not designed to detect a rare disease or any condition that is not accompanied by readily detectable signs of symptoms.

I hereby release Atrium Health Wake Forest Baptist, as well as their staff, from any and all liability, arising from the administration of this physical examination, whether foreseen or unforeseen. If a health problem is found or suspected, I understand Atrium Health Wake Forest Baptist will inform me of any recommendation for further medical attention and I acknowledge it is my responsibility to seek care from the student's primary care provider (PCP) or another appropriate provider.

***\*I have read and understand this consent form.***

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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