

FALCON HEALTH CENTER

CONSENT FOR SPORTS PHYSICAL FOR MY MINOR CHILD

Please print all information

I, _____, parent or legal guardian of

_____, born _____,

do hereby consent to a sports physical for my child by providers and staff at Falcon Health Center.

This authorization is effective from _____ to _____.

Signature Parent or Legal Guardian

The information requested below will assist the Provider if parental contact is necessary.

Family address _____

Telephone: Father _____ home _____ work _____

Mother _____ home _____ work _____

Child's Physician _____ Phone _____

I also agree to release, forever discharge and hold harmless Falcon Health Center, its' employees, agents, healthcare providers and associated affiliates from any liability or claims of liability associated with this sports physical.

This Consent and the Ohio High School Athletic Association Preparticipation Physical Evaluation form is necessary for a sports physical to be performed and needs to accompany your child.

Falcon Health Center Sports Physical Clinic.

June 19, 2017 1:00 p.m. to 5:00 p.m.

July 24, 2017 5:30 p.m. to 7:30 p.m.