



PHYSICAL EXAMINATION CONSENT FORM

(Parent or Guardian and Student Permission and Approval)

I hereby consent to the below named student participating in the interscholastic athletic and/or scout program at his/her school of attendance. This consent includes travel to and from contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school or scout authorities for any illness or injury resulting from his/her participation. In the absence of parents, I also consent to the release of any information contained in this form to carry out treatment and health care operations for the above named student.

STUDENT NAME: _____

PARENT OR GUARDIAN SIGNATURE _____

DATE: _____