HEALING HANDS
MEDICAL CLINIC

Sports Physical Consent Form

I understand that this is only a sport physical and not a full in-depth medical exam. I give Healing Hands Medical Clinic, providers, and staff permission to perform all necessary examinations on my child, in accordance with state guidelines. I hereby release Healing Hands Medical Clinic of all liability due to the limited nature of the sports physical.

Healing Hands Medical Clinic will keep all information private; however, as the parent/guardian, I am allowing Healing Hands Medical Clinic to release the state approved medical form to the school.

As the parent/guardian, I understand that all payments are due at the time of registration.

Student Name: _____ Middle: _____ Last Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date:_____