



## CONSENT FOR SPORTS PARTICIPATION PHYSICAL

STUDENTS NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

I \_\_\_\_\_, the parent or legal guardian of the above named student has chosen to allow my child to participate in a school sport with a full understanding of the following statements:

- 1) My child will be given a pre-participation physical examination as determined adequate by the Florida High School Athletic Association. This is a simple, general "evaluation" only. Your response to the medical history questionnaire is key in performing this examination. \_\_\_\_\_ (parent initials)
- 2) An EKG is a mandatory part of this examination in this office; the physician will not clear your child for sports without a minimal cardiac clearance. \_\_\_\_\_ (parent initials)
- 3) Even with the EKG this exam may not detect some heart conditions. Furthermore, any lung, brain or other disorders are not likely to be detected with this exam. \_\_\_\_\_ (parent initials)
- 4) A full physical examination is recommended, including but not limited to blood testing, possible cardiac stress test and neurological evaluation to rule out any previously undiagnosed medical conditions. \_\_\_\_\_ (parent initials)

I understand the above however; I choose to decline the more extensive testing.  
\_\_\_\_\_ (parent initials)

By choosing the FHSAA (or other entity) Pre-participation Physical Evaluation I accept full responsibility (and release Physicians Immediate Care; Kenneth Palestrant, MD; Sally Collodi-Swart, ARNP and all other staff members including locum tenens physicians from liability) for any injury, illness or other consequences of any previously undetected medical condition which occur during my child's sports activities.

\_\_\_\_\_  
Parent/Legal Guardian Signature  
(Valid Photo ID Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness