

LBHS Athletic Physical Parent Consent Form

I, _____, parent or legal guardian of

(Parent/Guardian Names)

_____, born ____/____/____, do

(Student Athlete Name)

(Student's Date of Birth)

hereby authorize a sports physical on ____/____/____ at Laguna Beach High School.

Date of Sports Physical

I understand this is a pre-season sports physical screening exam. It is not a comprehensive exam and does **NOT** include a complete cardiac evaluation. I understand that athletic participation comes with risk of injury. This screening exam cannot detect all problems or prevent injury from athletic participation. I understand that if follow-up evaluation is recommended, it is my responsibility to seek care from an appropriate provider.

I certify that I am the parent/legal guardian for this athlete/minor. I understand the information above.

X _____

____/____/____

Signature of Parent/Guardian

Date

(____)____-_____

Parent/Guardian Contact Number