

Parental Consent for Sports Physical

The staff of the 374th Medical Group is pleased to be able to offer sports physicals at your child's school this year. If you elect to have your child examined during this event, please sign this form and complete the Preparticipation Evaluation History Form or Supplemental History Form (if applicable). These examinations will be conducted at your child's school by medical providers from the Pediatrics, Family Medicine and Flight Medicine sections of the 374th Medical Group assisted by nurses and medical technicians from the medical group.

This exam is specifically for clearance to participate in DODDS or Youth Center sponsored athletics and is valid for one year. Any significant findings will be reported to you along with a request to schedule a follow-up exam or testing with the 374th Medical Group. The examination will consist of vital signs, height, weight, vision screen, a general orthopedic screening exam and a basic exam of the eyes, ears, nose, throat, lymph nodes, heart, lungs, abdomen and skin. Examination of the genitalia is performed on males only and is primarily to screen for hernias. These examinations conform to the recommendations of the American Academy of Family Physicians, the American Academy of Pediatrics, the American Medical Society for Sports Medicine, the American Osteopathic Academy of Sports Medicine and the American Orthopedic Society for Sports Medicine. No lab testing or immunizations will be conducted with these exams.

If you prefer to schedule your child for a regular appointment for his/her sports physical at the 374th Medical Group, please call for a routine appointment with your child's designated primary care provider. These examinations are being offered at your child's school as a courtesy to you and your child and as a means of reducing demand for sports physical appointments typically experienced in the late summer months prior to the start of the school year. This is an optional service.

If you elect to have your child examined during this event, please sign this form and complete the Preparticipation Evaluation History Form or Supplemental History Form (if applicable). Children without signed parental consent and/or without a History Form completed with parental involvement cannot be evaluated at this event.

I hereby grant permission for my child, _____ (student), to receive a sports physical at his/her school on _____ (date) from the staff of the 374th Medical Group as noted above. I have assisted my child with completion of the Preparticipation Evaluation History Form or Supplemental History Form (if applicable). I understand that participation in this program is voluntary and I may elect to schedule a routine appointment with my child's primary care provider instead.

Signature of parent/ legal guardian

Date