

# Wellington Orthopaedic and Sports Medicine

## Physical Examination Consent Form

I am the legal guardian of \_\_\_\_\_ (Student) from  
\_\_\_\_\_ (School).

I hereby authorize Wellington Orthopaedic and Sports Medicine to conduct a pre-participation physical screening on the above mentioned student athlete.

I understand that this is only a physical examination and does not constitute a formal doctor/ patient agreement. I am also aware that Wellington Orthopaedic and Sports Medicine may use numerous physicians and residents who may participate in or perform the physical examination. I authorize their assistance in participating and/or performing the physical.

I also understand that this examination is designed to determine the difficulties, which may arise with athletic participation, and is not a complete physical examination designed to detect a rare or occult disease.

I hereby release Wellington Orthopaedic and Sports Medicine, as well as their staff, from any and all liability, which may arise from the administration of this physical examination, whether or not foreseen or unforeseen.

If a health problem is found, I understand the Wellington Orthopaedic and Sports Medicine will inform me of any need for further medical attention. I have read and understand this acknowledgement form.

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Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Address \_\_\_\_\_

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Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

A parent or legal guardian must sign this consent form before the student will be examined.

