

FAMILY HEALTH CARE CENTER

2033 CROOKS ROAD

ROYAL OAK, MICHIGAN

248-543-2000 EXT. 230

WWW.DOCPAUL.COM

CONSENT TO EVALUATE MINORS FOR PRE-PARTICIPATION SPORTS EXAM

THIS FORM MUST ACCOMPANY YOUR SON OR DAUGHTER
NO EXAM WILL BE PERFORMED WITHOUT THIS FORM SIGNED AND
DATED BY PARENT OR LEGAL GUARDIAN

STUDENT SPORTS EXAMINATION

I, _____ (PARENT OR LEGAL GUARDIAN ONLY), AUTHORIZE PHYSICIANS AT THE
FAMILY HEALTH CARE CENTER TO EVALUATE MY SON/DAUGHTER _____ (FIRST NAME) FOR
PURPOSES OF A SCREENING PREPARTICIPATION SPORTS EXAMINATION ON _____,
THIS EXAM DOES NOT CONSTITUTE A COMPREHENSIVE PHYSICAL EXAM.

I AFFIRM THAT I AM THE ABOVE STUDENT NAMED PARENT OR LEGAL GUARDIAN.

SIGNED AND DATED,
