
CONSENT TO TREAT – SPORTS PHYSICAL

As the legal guardian of _____ I have completed the required
(student name)
medical history on the sports physical form to the best of my ability and acknowledge that I have disclosed all the health-
related issues that I am aware of.

I hereby give consent to Memorial Regional Health to conduct a sports physical. If you have concerns, or recommend further
testing, please contact me.

Parent or guardian full name (please print)

Parent or guardian signature

Date

Address

Phone or Text

Email