

CONSENT FOR PRE-PARTICIPATION PHYSICAL EXAMINATION

I authorize the Stanford Children's Health medical staff to provide a pre-participation physical examination for _____ (student-athlete's name) as required for the upcoming high school athletic season.

Please check one:

_____ I authorize the medical staff at Stanford Children's Health to share medical information determined on the pre-participation physical examination with the coach/school for the purposes of clearance or restriction to participate in athletics.

_____ I do not authorize the medical staff at Stanford Children's Health to share medical information determined on the pre-participation physical examination with the coach/school for the purposes of clearance or restriction to participate in athletics.

Signature _____

Printed Name _____

Relationship to athlete _____

Date signed _____

Signature of athlete _____

Date signed _____