

Delta Health Care Sports Physicals

Dear Parent/Guardian,

Please sign the consent form below and return it to the wellness center on your child's campus. Delta Health Care provides FREE sports physicals to athletes enrolled in SUSD high schools. Services are conducted by licensed medical personnel.

If you have any questions about this form or our services, please call (209) 444-8300. Office hours are Monday through Friday, 7:30am to 3:30pm. Thank You.

Permission for a Sports Physical Examination

STUDENT NAME: _____
(Please Print) Last First Middle Initial

ADDRESS: _____ ZIP CODE _____

PHONE: _____ DATE OF BIRTH: _____

SCHOOL CURRENTLY ATTENDING: _____

I certify that I am the parent/guardian of the student listed above. I give my permission for the above named student to participate in a sports physical examination conducted by Delta Health Care medical staff.

This consent shall remain in effect for the current school year. A new consent is required each year your child participates in SUSD sports. Clearance to participate is effective for 12 months. You will be contacted immediately if the medical personnel identify an issue that needs further attention or medical treatment.

You may withdraw your consent at any time by submitting a signed and dated waiver revoking your consent. By signing this form, you also authorize the release of information regarding your child's physical examination: 1) to necessary school and wellness center personnel, 2) as otherwise mandated by law.

Name of Parent/Guardian: _____ Relationship: _____
(Please Print)

Parent/Guardian Signature _____ Date _____ Emergency Daytime Phone Number: (____) _____

Student's Signature _____ Date _____