



**Sports Physicals
Parental Consent Form**

Student's Name: _____
Last First Middle

Parent/Guardian Name: _____

Home Phone: _____

I hereby authorize my daughter/son to have a pre-participation sports physical given by the staff at Florida Hospital Flagler. I understand that if a condition exists and it is not discovered, Florida Hospital Flagler, the Adventist Health System, and/or each participating member shall not be held liable in any way.

Parent/Guardian Signature: _____

Date: _____