

Please Print in Box	
School:	
Student Name:	

Confirmation of Understanding of Limited Scope and Purpose of the Extra-Curricular/Co-Curricular Pre-Participation Physical Exams

	Extra dufficular, do dufficular i is	e i artioipation i nysical Exams
curricular pr	Print Child's Name), will a etes at, on,, 20 ethodist ("Houston Methodist") for the sole purpose	egal Guardian Name) am aware that my child/ward, attend an event providing pre-participation physical exams for 0 ("the event"). The event is sponsored and provided by e of clearing students for participation in extra-curricular/commed by volunteer healthcare providers. By signing this form,
•	I consent to the extra-curricular/co-curricular processes to the extra-curricular/co-curricular processes to the extra-curricular/co-curricular activities only: Any patient-physician relationship created during completion of the screening physical; I understand that my child may need additional test at heletic activities and it is my sole responsibility to understand that if it is determined that my child need any such recommendation. I understand that available and performed at the event for my convertine invasive testing as deemed necessary by the sonotification to me prior to the testing; and I consent to the release of the results of my child (including a coach, athletic trainer, teacher or admitted to re-disclosure by the Recipient.	should not take the place of routine medical care; all for clearance for participation in extrange the event will terminate immediately upon sting before/he can be cleared for participation in obtain such additional testing or medical care: I eds additional medical treatment; I will be notified a limited number of non-invasive tests may be nience; I consent to any and all additional non-screening physician during the event without I's physical screening exam to his or her school ninistrator) present at the event. This consent is woke this consent at any time. I understand that
Parent/Gua	dian's Signature	 Date
	RELEASE FROM LIABILITY	AND INDEMNIFICATION
trustees, em action whats to my child's I acknowled	ployees, agents and affiliated companies from any soever arising out of or related to any loss, damage, participation or presence at the extra-curricular/co-	iston Methodist and its subsidiaries, officers, directors, and all liability, claims, demands, actions and causes of or injury, including death, that may be caused by or related curricular Physical Examination Event.
Parent/Gua	dian's Signature	 Date
□ I would lil	ke to stay connected with Houston Methodist on upo	coming events, health tips and newsletters.
Please Print		
Parent Nam	e:	
	il Address:	
Parent Addr	ess:	
City:	State:	Zip: