**Free** Sports Physicals

Athens Jr/Sr High School Athletes

Athens High School

June 19, 2019

2:00 pm – 7:00 pm

*Offered by*

*Northside Pediatrics PC*



*Please bring the attached Northside Pediatric parental consent*

*form signed along with your completed MHSAA form.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Sports Physical 2019-2020**

***Northside Pediatrics PC***

***265 Fremont Battle Creek, MI 49017***

I give consent for Northside Pediatrics PC to perform my minor child’s free sports physical for the 2019-2020 school year.

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Relationship to patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_Athens\_\_\_\_\_\_\_\_

Parent/legal guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

* ***Sports Physical will not be performed without a signed consent and completed MHSAA form.***
* ***Parents are not required to be present.***