HOLZER HEALTH SYSTEM (HOLZER)

SPORTS PHYSICAL TREATMENT AUTHORIZATION

PEDIATRICS

My signature below is acknowledgement as the parent, legal custodian, or guardian of athlete, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of my consent to the examination for purposes of a school sports physical, by providers, nurses and other healthcare workers employed by or associated with Holzer and my consent to have the school’s coach/nurse, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, register my child or ward for purposes of a sports physical. By signing below, I also authorize a Holzer nurse, aide or other healthcare worker to serve as a chaperone in the room in my place during such sports physical.

My signature below also acknowledges that the performance of a sports physical alone does not create a patient-provider relationship between Holzer, its providers or non-provider personnel and my child or ward.

Acknowledged:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent, Legal Custodian or Guardian

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

April 2024