



Fowlerville High School Athletics

Sports Screening/Consent Form

Student Athlete Name: _____

I am the legal guardian of the above named student athlete and hereby authorize Saint Joseph Mercy Family Medicine Center and staff to conduct a pre-participation physical examination for the above named student athlete.

I understand that this is not a complete physical examination and serves only to screen for difficulties that may prevent the student from participating in athletic activity at school. This physical examination is not a substitute for a formal evaluation by your personal physician and is not designed to detect unusual or occult diseases. I understand that participation in this pre-participation physical examination program does not constitute a formal doctor-patient relationship with a physician or assistants of Saint Joseph Mercy Family Medicine Center..

Name of Parent/Legal Guardian _____

Signature _____ Date _____

Address _____

City/State/Zip _____

Phone _____ Email _____

We must have this consent form completed and signed prior to examining any student athlete.

Cost of the pre-participation exam is \$25.

Payment can be submitted by cash or by check payable to:

Fowlerville Community Schools
Add "Athletic Physical" to the memo line.

Payment is due at the time of the exam.

