

Consent for Pre-Participation Physical

To obtain a pre- participation physical held at the
Orthopaedic Institute of Ohio
this form MUST be signed.

Student's Name:_____ DOB:_____ School:_____

I hereby authorize _____ to be evaluated for an athletic
(Student's Name)

pre-participation physical examination, including a screening survey, held at the Orthopaedic Institute of Ohio. I understand

treatment will not be given without further authorization and consent.

Parent's or Legal Guardian's Signature

Date

Please circle: Relationship to student: Mother/ Father/ Legal Guardian

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