

## 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

## 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