



Athletic Trainer

Capuchin Franciscan

CONSENT FORM FOR PRE-PARTICIPATION EXAMS

To Parent/Guardian:

Your child is to be evaluated by medical personnel for a preparticipation exam. This exam is intended to identify and evaluate medical conditions that may result in injury or illness to your child or others. It is not intended to replace a complete annual physical recommended for all adolescents and should not be viewed as a substitute. In addition, this exam is not intended to interfere with any patient/physician relationship that currently exists.

I (We) being the parent or guardian of _____
a minor, the age of _____ do hereby consent, authorize, and request Eli Hallak
ATC, EMT and Physician Steven Yacoubian MD, and associates to administer the pre-
participation exam to the above minor.

I (We) agree to hold them free and harmless from any claims, suits for damages, or
complications, which may result during or after the pre-participation exam.

Print name of parent or guardian

Date

Signature of parent or guardian