

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 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