



7134 S M-221
Brimley, MI 49715
(906) 248-5527

Consent for Sports Physical

I, _____, parent or legal guardian of
(Parent/guardian name)

_____, born ____/____/____, authorize a sports physical
(Student athlete name) (Student athlete's date of birth)

On ____/____/____, at Brimley Area Schools school clinic, for my child, a student at Brimley Area School,
(Date of sports physical exam)

without a parent/guardian present.

I understand this is a pre-season sports physical screening exam. It is not a comprehensive exam and it is not intended to provide treatment nor to create a provider/patient relationship. I understand that athletic participation comes with the risk of injury. This screening exam cannot detect all problems or prevent injury from athletic participation. I understand that if follow-up evaluation is recommended, it is my responsibility to seek care from an appropriate provider.

I certify I am the parent/legal guardian for this athlete/minor, and agree to this Consent for Treatment for Sports Physical, and I understand the information above.

Signature of Parent/Guardian

____/____/____
Date

(____) _____
Parent/Guardian Day Contact Number

Bay Mills Health Center
12455 W. Lakeshore Drive
Brimley, MI 49715
(906) 248-5527

