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## CONSENT TO TREAT – SPORTS PHYSICAL

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As the legal guardian of \_\_\_\_\_ I have completed the required  
(student name)  
medical history on the sports physical form to the best of my ability and acknowledge that I have disclosed all the health-  
related issues that I am aware of.

I hereby give consent to Memorial Regional Health to conduct a sports physical. If you have concerns, or recommend further  
testing, please contact me.

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Parent or guardian full name (please print)

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Parent or guardian signature

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Date

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Address

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Phone or Text

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Email