

## Physical Exam Consent Form

Name of Student Athlete: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize the Montclair Public Schools physician(s) to perform a pre-participation physical evaluation according to NJSIAA guidelines.

I understand that this examination is to determine the student's fitness for athletic participation, and is not a complete physical examination designed to detect a rare or occult disease.

I understand a nurse will be present during the examination. I hereby release the Montclair Public Schools of any and all liability from the administration of this examination, whether or not foreseen or unforeseen.

If a health problem is suspected or found, the school nurses will inform the parent/guardian to seek medical attention and/or clearance to participate from the student's healthcare provider.

Students must submit this permission form, along with a Pre-participation History Form that has been completed and signed by the student's parent/guardian, in order to receive the physical evaluation.

I have read and understand this form.

Printed name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone # \_\_\_\_\_