

 Click or tap here to enter text. Click or tap to enter a date.

 Name of Athlete Date of Birth

**Site Visit Consent**

I, \_Click or tap here to enter text.\_, allow Dr. Randy Goldstein and health care providers with wellbodyKC to evaluate and examine my child during practice at Click or tap here to enter text.

I understand the coach will be in attendance in my absence and understand that the evaluation and examination can not take place without a coach chaperone. SafeSport recommendations will be followed. Examinations that could be considered private or not appropriate in the facility will not be done- a clinic appointment can be arranged if needed. Additionally, this consent permits a HIPAA release for the coach in attendance to receive medical information. This consent is valid until written notice to withdraw it – emailed to support@wellbodykc.com.

Click or tap here to enter text.Click or tap to enter a date.

**Signature of Parent** **Today’s Date**

Click or tap here to enter text.

**Instructions:**

**Hover over areas to edit- complete**

**Down Arrow to Proceed**

**Insert with digital signature or print out and sign and scan/ Email to:****support@wellbodykc.com**

**THANK YOU!**

**Printed name of Parent**

 Click or tap here to enter text. Click or tap here to enter text.

**Your phone number Your email address**

[www.wellbodykc.com](http://www.wellbodykc.com) support@wellbodykc.com