



MEDICAL STOP, L.L.C

Medical Consent Form

Child's Full Name:

Date of Birth:

Date:

Parent/Legal Guardian

I, _____, parent or legal guardian of _____ consent to a licensed medical staff member to perform a physical examination on the minor child to complete all required sport physical requirements. This may include examination of pelvic area or genital.

Parent/ Leagl Guardian Signature:

Date:

Relationship to patient: