WARRIOR WELLNESS CENTER

Operated By PRIMEHEALTH

Sports Physical Consent

Welcome to the Warrior Wellness Center!

The Warrior Wellness Center (WWC) is an integrated health center inside of Central High School that provides in-school access to medical, behavioral health, and dental care. Full scope care is available to students and staff of Central High School. However, sports physicals completed at WWC are open to all students of District 51. This consent form is for sports physicals only and does not enroll the student in additional services at WWC.

Students are allowed to attend appointments by themselves once a signed consent form has been received. Students will be sent home with a copy of their completed sports physical form. It is the responsibility of the child and parent to provide this form to the school for sports participation.

Purpose of examination: The sports physical examination is conducted to evaluate the overall health and fitness of the individual in relation to their participation in sports activities. The examination will focus on identifying any existing medical conditions that may affect the individual's ability to engage in physical activities safely.

I understand that the medical professional conducting the sports physical examination may provide recommendations or restrictions based on the results of the examination or information received from the health information exchange. These recommendations may include modifications to sports participation, further medication evaluations or restrictions, or treatment plans. I have the opportunity to ask questions and discuss any concerns related to this examination either at the time of the exam or afterward via phone if I am unable to attend.

Demographic Information

Student First Name _____ Last Name _____ Date of Birth _____

Current Grade _____ Student Social Security Number _____ Student Phone Number _____

Parent/Guardian Full Name _____ Phone _____ Relationship to Student _____

Parent/Guardian Full Name _____ Phone _____ Relationship to Student _____

Physical Address _____ City _____ State _____ ZIP _____

Below, please put the address where you receive mail. If you do not have a mailing address, please check this box: ☐

Mailing Address _____ City _____ State _____ ZIP _____

Email Address _____ Student Email Address _____

What school does your child attend? _____

Does your child have a primary care provider? ☐ Yes ☐ No If so, who? _____

Race	Black/African-American	American Indian or Alaska Native	Asian	White	Native Hawaiian	Other Pacific Islander	Not Provided
Primary Language	American Sign Language	English	French	Polish	Russian	Spanish	Other
Sexual Orientation	Straight	Bisexual	Lesbian	Gay	Something Else	Do Not Know	Choose Not to Disclose
Ethinicity	Hispanic/Latino Origin	Not Hispanic/Latino Origin	Not Provided				
Gender Identity	Male	Female	Genderqueer/Nonbinary	Transgender Woman/Transgender Famale	Transgender Man/Transgender Male	Other	Choose Not to Disclose

Financial Arrangements

A sports physical costs $20, unless discussed at scheduling. This is not covered by your insurance unless it is done in coordination with a well-child visit.

Privacy Practices

I hereby acknowledge that I have been offered a copy of the integrated health center's Notice of Privacy Practices. A copy of the Notice of Privacy Practices is available on the PrimeHealth+ website: PrimeHealthPlus.org.

I understand that the Colorado Department of Public Health and Environment (CDPHE) provides funding for the health services I receive at the integrated health center. CDPHE is legally able to receive information regarding services provided to patients. CDPHE receives combined data for all patients, and **this data does not identify any individual patient or patient-identifying information.**

I grant consent for my child/self to undergo a sports physical examination conducted by a licensed medical professional at Warrior Wellness Center. By signing below, I indicate that I have read and understood the information presented in this consent form and agree to the terms outlined.

Signature: _____ Date: _____