

Consent to Conduct Physical

School _____

Student Full Name _____

Grade in which the student will enroll in the fall of 2018 _____

I understand that a pre-participation examination is required by MHSA for each student prior to participation in any athletic practice or contest. I have filled out the health history and give my consent for _____ to receive a pre-participation examination by the medical staff from Benefis Orthopedic Center of Montana, Benefis Hospitals, and Benefis Medical Group on May _____, 2018.

Printed name of parent or guardian

Phone number:

Signature of parent or guardian

Date

Please provide your mailing address below to receive a copy of the form for you to review the physician's comments:

Street Address

City

State

Zip

Please provide your email address for any information that may need to be emailed:

Parent's email address