

Student/Parent Sports Physical Consent

By signing this form, we are providing consent for Dr. Alexander with HMC clinic to provide a sports physical for the 2019-2020 season.

STUDENT

Student Name (Print): _____ Grade (9-12): _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

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