

# Southern Ohio Medical Center

*Very* Good things are happening here

March 4, 2014

Dear Athletic Director/Coaches:

## **Re: Sport Physicals**

Attached you will find the *SOMC Permission to Treat Form* and a copy of the current OHSAA Sports Physical form for you to make copies for your athletes. We have also provided each Athletic Trainer with electronic copies of these forms to give you to place on your school website.

Each student will need to bring a completed sports physical form (**supplied by the school**), and a *SOMC Permission to Treat Form signed by the student's parent or guardian* the day of the assigned physicals. **The sports physical cannot be given if either of the forms is incomplete and the parent or guardian has not signed all areas of the consent.**

If your child has a diagnosed or chronic health condition (example: congenital heart defect or current bone fracture), he or she will not be cleared for sports participation without a letter of clearance from the attending physician within the previous 3 months. Please attach a copy of this letter to the other sports physical forms, if needed.

A copy of the OHSAA Pre Evaluation Physical form will be given to the Athletic Director after the event.

If you have any questions please call 356-2552.

Sincerely,

Jill Preston, RN, MSN  
Ashley Salyers, RN, MSN  
Community Health and Wellness

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**\*\*\*Note\*\*\***

If your child has a known, serious medical condition that either has in the past or is now likely to impact sports participation, please visit your child's physician for sports participation medical clearance.

## PERMISSION TO TREAT

Name:		
Address:		
Phone Number: (Home)	(Cell)	Date of Birth:

I hereby give permission for my child, named above to participate in a sports physical examination program sponsored in cooperation with the \_\_\_\_\_ School District and Southern Ohio Medical Center. I understand this is a general screening physical designed to detect common problems, which might affect athletic participation and not an exhaustive examination and health history. This physical does not take the place of a Well-Child examination with their personal physician.

***Completed form must be presented at time of service.***

Parent's Name (Please Print):	
Parent's Signature:	Date: