



Collier County Public Schools

## Physical Evaluation Consent Form

I am the legal guardian of \_\_\_\_\_ (Student) from  
\_\_\_\_\_ (School).

I hereby authorize NCH Healthcare system providers(NCH) to conduct a pre-participation physical evaluation on the above mentioned student athlete. I also hereby certify that the answers to all questions related to my child's student information and medical history are true and accurate and that no answers or information have been purposely withheld on the FHSAA EL2 form.

I understand that this is only a physical evaluation and does not constitute a formal doctor/patient agreement. I am also aware that NCH may use numerous physicians and residents who may participate in or perform the physical evaluation. I authorize their assistance in participating and/or performing the physical.

I also understand that this evaluation, required by S.1006.20, Florida Statutes, and FHSAA Bylaw 9.4, is designed to determine medical problems which may arise with athletic participation and is not a complete medical examination designed to detect a rare or occult disease.

I hereby release NCH and Collier County Public Schools, as well as their staff, from any and all liability, which may arise from the administration of this physical evaluation, whether or not foreseen or unforeseen. If a health problem is identified, I understand that I will be informed and notified of the need for further medical attention. I have read and understand this acknowledgment form.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

A parent or legal guardian must sign this consent form before the student will be evaluated.