



Sweetwater Union High School District
Parent Consent Form

I hereby give my consent for my son/daughter _____
to be given a Sport/Co-curricular Participation Screening Examination
on _____ by a team of Sports Medicine
Specialists (Orthopedic Surgeon, Family Practitioner, Certified Athletic Trainers and
Physical Therapist).

I understand the charge for this screening exam will be Twenty Dollars (\$20.00)

DATE

Signature of Parent/Guardian

I hereby give my consent for the above-named athlete to be seen by the Sports Medicine
Physician(s) and staff at the Injury Clinics held on Saturday for the evaluating injuries which
occur during my child's sport participation. I understand these evaluations are free of charge.

DATE

Signature of Parent/Guardian