



Student's Name _____

Age _____ Date of Birth _____

Grade _____ School _____

Requesting permission for:

_____ All Sports to include baseball, basketball, competitive cheer, cross country, football, golf, gymnastics, ice hockey, skiing, soccer, softball, swimming, tennis, track, volleyball, and wrestling. (Indicate all sports unless there are known medical conditions, which would preclude participation in some sports.)

_____ Only certain specified sports:

Please list _____

Group Screening Pre-participation Exam

Primary goals of group screening exams are to satisfy state high school requirements and screen students for medical or musculoskeletal problems, which may predispose them to injury or illness during competition. Advantages of group screening exams are the ease of access, low cost and administrative efficiency. Disadvantages include the noisy, non-private atmosphere, which may limit ability to obtain complete history or perform optimal examination. These exams are not appropriate for counseling. These examinations should not be considered to be a substitute routine medical examination provided by your primary care physician. Any medical issues identified will not be fully evaluated or treated and the student will require referral to his/her primary doctor.

Students with ongoing medical conditions such as diabetes, Down's Syndrome, asthma, or heart conditions or students with ongoing muscle, bone or joint problem or orthopedic injuries should not participate in group evaluations, as their primary doctor will need to have full information about medical condition, medication usage and other factors to decide whether participation in sports is safe and appropriate. **For your child's safety, the student will not be examined should they present with one or more of these conditions.**

The alternative to a group exam would be an individual exam with the student's primary doctor. Advantages of that type of exam are the private medical office environment, which provides an optimal exam, and opportunity for health counseling. Any medical issues addressed can be evaluated and treated by the student's own doctor.

Pre-participation Exam Consent Form

I/my child have requested mass screening pre-participation examination. I have been provided with information on the benefits and deficiencies of the mass screening style of exam.

I provide my consent for medical evaluation in the form of a mass screening pre-participation exam to be performed by representatives of Memorial Healthcare. Due to participation by school and athletic department staff, they could have access to child's protected health information.

Signature of 18-year old student, or parent or guardian

Date _____