



Sports Physical Parental Consent Form

truHealthNow: 1231 Wolf Rock Dr Suite 185, Purcellville, VA 20132

I, _____, parent or legal guardian of _____,
born ____/____/____, do hereby authorize this sports physical on ____/____/____ at the
truHealthNow location listed above, for my child, a student at _____
school.

I understand and accept that this is a pre-season sports physical screening exam. It is not a comprehensive exam, and it is not intended to provide treatment. I understand that athletic participation comes with the risk of injury. This screening exam, based on information provided by the patient/guardian, cannot detect all problems or prevent injury from athletic participation. I understand that if follow-up evaluation is recommended, it is my responsibility to seek care from the patient's Primary Care provider.

I certify I am the parent/legal guardian for this athlete/minor. I understand the information above.

Signature: _____

Date: ____/____/____

Signature of Parent/Guardian

Rev. 4-9-2025

(____) ____ - ____

Parent/Guardian Day Contact Number

(____) ____ - ____

Parent/Guardian Cell or Pager Number

