

Permission to Treat a Minor in the Absence of a Parent/Guardian for a Sports Physical

I, _____ certify that I am the parent or legal guardian of: _____ DOB: _____, and I give permission for this child to be examined and/or treated for the purposes of a sports physical as required for sports participation by the North Carolina High School Athletics Association (NCHCAA) or other entity for participation in sports programs.

This care includes the required physical exam and completion of the necessary forms to approve the patient for participation.

I can be reached at the following phone numbers:

Home: _____

Work: _____

Mobile: _____

Emergency Contact:

Name: _____

Phone: _____

I understand that this permission is intended only for the purposes stated above, and should the minor require additional treatment, I may be contacted or required to appear with the minor. I understand that this permission may be used for one year from the date of signature.

Signature

Date