



P.O. Box 187  
Patterson, CA. 95363

Phone 209-892-8781  
Fax 209-892-3755

## Parent Consent Form

I, \_\_\_\_\_, the parent or legal guardian of  
(parent/guardian name)

\_\_\_\_\_, born \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, do hereby authorize  
(student-athlete name) (student-athlete's date of birth)

a preparticipation physical examination on **Wednesday, May, 2026**, at **Patterson High School** in Patterson, California.

I understand this is a pre-season sports physical screening exam. It is not a comprehensive exam and it is not intended to provide treatment nor to create a physician/patient relationship. I understand that athletic participation comes with the risk of injury. This screening exam 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 an appropriate provider.

I certify that I am the parent or legal guardian of this athlete or minor and that I understand the information above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian Cell Phone