



Sports Physical Parent Consent Form

Student Name: _____

Birthdate: _____

Address: _____

School: _____

Parent/Guardian name: _____

Phone#: _____

- I certify I am the parent/legal guardian for this athlete/minor and give permission to Pacific Northwest University medical students to provide a sports physical screening exam.

Signature of Parent/Guardian

____/____/____
Date

Yes, I give permission for YSD and/or any Yakima news media to use pictures of my child

Strengthening Community Through Education

