



Public Health  
Prevent. Promote. Protect.

# Parke County Health Department



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## Consent Form for Sport Physical

STUDENT NAME \_\_\_\_\_

The undersigned do hereby authorize Sandra Rogers, NP, Parke County Health Department, to complete a Sports Physical on the above student.

PARENT OR GUARDIAN NAME: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_