

INSTITUTE OF ATHLETIC HEALTH CARE AND RESEARCH, INC.

Dear Parent:

The Institute of Athletic Health Care and Research, Inc. is a non-profit volunteer organization designed to improve the athletic health care in our community by providing service, education and research in this field. As a service, annual athletic physical exams are offered by the Institute of Athletic Health Care and Research, Inc.

- A **\$7.00** exam fee per student is charged. Four dollars from each exam will be returned to the student's specific athletic program to provide for athletic health care equipment and supplies.
- Time, Place, and Date schedules for each school will be sent to the team coaches. It is the coach's responsibility to have his or her team at the exam facility on time.
- All examinees must wear **shorts, t-shirts, socks and tennis shoes.**

As the parent/guardian of _____, I hereby give my permission to the following:

1. Examination of my child or ward by the Institute of Athletic Health Care and Research, Inc.
2. The information contained in this physical examination is used exclusively for the participation of the athlete in his/her high school sports activity and will **ONLY** be released to the following:
 - a) A bona fide representative of the Institute of Athletic Health Care and Research, Inc. for research purposes.
 - b) To a physician administering emergency treatment to my child.
 - c) To an emergency care facility administering treatment to my child.

DATE _____ SIGNATURE _____
Parent or Legal Guardian

PLEASE COMPLETE MEDICAL HISTORY ON NEXT PAGE