**CONSENT FOR ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION**

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Student (Last) (First) (Date of Birth)

As the parent or legal guardian of the student named above, I have provided an accurate health history and give permission for Ally Medical Emergency Room – Central Austin to provide my student with an Athletic Pre-Participation Physical Examination (“Physical Examination”). I understand this consent will permit Ally Medical Emergency Room – Central Austin to provide the Physical Examination, to my minor student, in my absence.

Although the Physical Examination is provided by an Ally Medical Emergency Room – Central Austin provider, it will not create an ongoing treatment relationship between my student and the Ally Medical Emergency Room – Central Austin provider. I understand this means it is my responsibility to seek and obtain follow up care for my student with a primary care physician, if recommended by the Ally Medical Emergency Room – Central Austin provider. I also understand the Athletic Pre-Participation Physical Examination is not a substitute for an annual examination by a primary care physician.

In addition to the consent for Physical Examination provided in the paragraph above, my signature below authorizes Ally Medical Emergency Room – Central Austin, and its providers, to release information related to my student’s Physical Examination including, but not limited to, medical diagnosis and referrals upon request to the student’s school.

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Signature Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone

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Relationship: Must be Parent or Legal Guardian Date

**CONSENTIMIENTO PARA EL EXAMEN FÍSICO ATLÉTICO PREVIO A LA PARTICIPACIÓN**

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Estudiante (Apellido) (Primer Nombre) (Fecha de Nacimiento)

Como padre o tutor legal del estudiante mencionado anteriormente, he proporcionado un historial de salud preciso y doy permiso para que Ally Medical Emergency Room – Central Austin proporcione a mi estudiante un examen físico atlético previo a la participación ("Examen físico"). Entiendo que este consentimiento permitirá a Ally Medical Emergency Room – Central Austin proporcionar el examen físico, a mi estudiante menor de edad, en mi ausencia.

Aunque el examen físico es proporcionado por un proveedor de Ally Medical Emergency Room – Central Austin, no creará una relación de tratamiento continua entre mi estudiante y el proveedor de Ally Medical Emergency Room – Central Austin. Entiendo que esto significa que es mi responsabilidad buscar y obtener atención de seguimiento para mi estudiante con un médico de atención primaria, si lo recomienda el proveedor de Ally Medical Emergency Room – Central Austin. También entiendo que el examen físico atlético de pre-participación no es un sustituto de un examen anual por un médico de atención primaria.

Además del consentimiento para el examen físico proporcionado en el párrafo anterior, mi firma a continuación autoriza a Ally Medical Emergency Room – Central Austin, y sus proveedores, a divulgar información relacionada con el examen físico de mi estudiante, incluido, entre otros, el diagnóstico médico y las referencias a pedido a la escuela del estudiante.

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Firma Impreso de la firma

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Teléfono de emergencia

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Relación: Debe ser padre o tutor legal Fecha