



AFFILIATED WITH UNIVERSITY OF IOWA HOSPITALS & CLINICS

Ray Brownsworth, Administrator

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AUTHORIZATION FOR 2018-2019 SCHOOL SPORTS PHYSICAL

Name of Child (print): _____

Child's Birth Date (print): _____

Name of Consenting Parent/Legal Guardian (print): _____

By checking this box, I DO authorize my child to have a sports physical for the 2018-2019 school year, completed by an attending VBCH provider, without my attendance, on July 25, 2018.

Signature of Consenting Parent/Legal Guardian:

Date