

AUTHORIZATION FOR 2022-2023 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 2022-2023 school year completed by an attending VBCH provider without my attendance on July 13, 2022.

Signature of Consenting Parent/Legal Guardian:

Date