M20UP-174
REV. 5/2024

DukeHealth

PERMISSION TO TREAT A MINOR FOR A SPORTS PHYSICAL

Place Patient Label Here

North Carolina requires student athletes to have a physical examination every 395 days to participate in school sports Parents do not need to be present at the appointment, but a parent or legally authorized representative must completely fill out and sign the history portion of the minor's form(s) prior to the exam. An examination cannot be completed if the information is incomplete, or the parent or legally authorized representative signature is missing.

I, _____, certify that I am the parent or

legally authorized representative of: _____, DOB:

_____ and I have completed the history portion of the minor's form(s).

I can be reached at the following phone numbers:

Home:_____

Work:_____

Mobile:_____

Emergency Contact:

Name:_____

Phone: _____

By signing this form, I am authorizing Duke Health and its affiliates to perform the required physical exam and complete and release the necessary forms for the minor to participate in high school sports programs.

I understand that this permission is intended only for the purposes stated above, and should the minor require additional treatment, I may be contacted or required to appear with the minor. I understand that this is not a substitute for a comprehensive examination with the minor's regular physician where important preventive health information can be covered.

_____ _____

Signature Date/Time

_____

Relationship to Patient