

CONSENT FORM for SPORTS PHYSICAL

DATE: _____

Dear Parents/Guardian:

In order to participate in any school athletic team at Honor Ridge Academy, an annual Sports Physical Examination is mandated by the state of New Jersey. If your child does not have a pediatrician or due to financial hardship, Sports Physical will be made available at the Health Office

- The 4-page Preparticipation Physical Evaluation Form must be completed and signed. These forms are also available at the school website, <https://honorridge.org/parents caregivers/nursing services/>
- Please be sure to first complete PAGES 1 & 2- HISTORY FORM before returning it to the examining doctor.
- The doctor will complete his part - PAGES 3 & 4- PHYSICAL EXAMINATION FORM.
- Please indicate below and provide us the consent to have your child seen by our school physician.

If you have any questions, please email/call us at health@honorridge.org (preferred) or 732-827-5885 x 2120.

Nanette Perez BSN,RN,CSN
Health Office

-----Return signed form below-----

Name of Student: _____

I give my permission for my child to have Sports Physical by Honor Ridge Academy's Physician Dr. Pallay because she/he has NO Medical Home/Primary Care Physician or due to financial hardship.

My child will have a physical performed by our family physician and documented on the NJ Pre Athletic Physical form.

My child is not participating in the school's athletic squads or teams.

Parent/Guardian's Name: _____
(please print)

Parent/Guardian's Signature: _____