SPORTS PHYSICALS

For All School Activities

The specialists at Houston Methodist Orthopedics & Sports Medicine are providing sports physicals in partnership with Fort Bend Independent School District.

Fort Bend Wheeler Fieldhouse
Wednesday, April 15
5-7 p.m.

Fort Bend Hopson Fieldhouse
Wednesday, April 22
5-7 p.m.

Fort Bend Elkins High School
Wednesday, April 29
3-6 p.m.

Fort Bend Bush High School
Wednesday, May 6
3-6 p.m

Cost of physical – $20
For more information, please call Aimee Williams at 281.634.1914.

Don't Forget:

- Wear light, comfortable clothing.
- Bring glasses or wear contacts, if you have corrected vision.
- Please bring your school physical form with medical history completed.
- Please bring a signed physical consent form.

Please scan the QR code or visit tinyurl.com/3r72pptr to make a payment.

HOUSTON Methodist® ORTHOPEDICS & SPORTS MEDICINE

022026

HOUSTON Methodist ORTHOPEDICS & SPORTS MEDICINE

Please Print in Box

School:_____

Student Name:_____

Confirmation of Understanding of Limited Scope and Purpose of the Extracurricular/Cocurricular Preparticipation Physical Exams

I, _____, (Print Parent/Legal Guardian Name) am aware that my child/ward, _____ (Print Child's Name), will attend an event providing preparticipation physical exams for student athletes at _____ on _____, ____, 20___ ("the event"). The event is sponsored and provided by Houston Methodist ("Houston Methodist") for the sole purpose of clearing students for participation in extracurricular/cocurricular programs. The screening physical exam will be performed by volunteer health care providers. By signing this form, I am confirming I understand and agree to the following:

- **I consent to the extracurricular/cocurricular physical exam for the above-named child.**
- This is **NOT** a comprehensive physical exam and should not take the place of routine medical care; I understand that this is a **screening physical for clearance for participation in extracurricular/cocurricular activities ONLY;**
- Any patient-physician relationship created during the event will terminate immediately upon completion of the screening physical;
- I understand that my child may need additional testing before/he can be cleared for participation in athletic activities and it is my sole responsibility to obtain such additional testing or medical care: I understand that if it is determined that my child needs additional medical treatment; I will be notified of any such recommendation. I understand that a limited number of non-invasive tests may be available and performed at the event for my convenience; **I consent to any and all additional non-invasive testing as deemed necessary by the screening physician during the event without notification to me prior to the testing;** and
- I consent to the release of the results of my child's physical screening exam to his or her school (including a coach, athletic trainer, teacher or administrator) present at the event. This consent is valid for 180 days and I understand that I may revoke this consent at any time. I understand that the information released may not be protected under the law once it is disclosed and may be subject to re-disclosure by the Recipient.

_____

Parent/Guardian's Signature Date

RELEASE FROM LIABILITY AND INDEMNIFICATION

I hereby release, waive, discharge and covenant not to sue Houston Methodist and its subsidiaries, officers, directors, trustees, employees, agents and affiliated companies from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be caused by or related to my child's participation or presence at the extracurricular/cocurricular Physical Examination Event.

I acknowledge that I have read and understand the foregoing Release and that my signature below acknowledges the statements made in the Release.

_____

Parent/Guardian's Signature Date

☐ I would like to stay connected with Houston Methodist on upcoming events, health tips and newsletters.

Please Print

Parent Name:_____

Parent Email Address:_____

Parent Address:_____

City:_____ State:_____ ZIP:_____