

**PHYSICIAN EXAMINATION
PARENT/LEGAL GUARDIAN/CONSERVATOR CONSENT FORM**

Name of Student: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ School: _____

Parent/Legal Guardian Emergency/Work phone number: _____

I/we understand that California Education Code and Local School Board policies requires all students who participate as cheerleaders, song leaders, or athletes in organized competitive sports shall first undergo and file with their District a current medical evaluation. Additionally, students shall have medical clearance before participating in interscholastic athletic programs. This medical clearance is required to be renewed every school year.

I/we understand that I/we may fulfill the physical exam requirement through any private licensed, qualified physician. I further understand that Kaiser Permanente is offering no cost physicals to students on **May 21, 2016** at the Summerfest event at 255 W. Stanley Avenue, Ventura, CA 93001. Kaiser Permanente is offering these free services as a public service and as a sponsor of the Summerfest event, which is organized by the Ventura Education Partnership (VEP). This limited service is provided by Kaiser Permanente through the use of licensed physicians for the purpose of obtaining clearance to participate in school sponsored sports.

I/we understand that obtaining a physical exam through Kaiser Permanente is not required by VUSD as a condition of competing in athletics. Kaiser Permanente is a private company with no affiliation to VUSD or VEP. Any injury, action, dispute, etc. that may arise as a result of the physical examination is solely between the patient and Kaiser Permanente. Neither VUSD nor VEP endorses Kaiser Permanente and/or their physicians over any other licensed health care provider for this service.

I/we hereby authorize a physician and other professional Kaiser Permanente staff to provide this service for my son/daughter. I am aware that I/we are allowed and encouraged to accompany my son/daughter during their physical exam. I understand that this consent only applies to this particular service provided by Kaiser Permanente and does not apply to any other services/treatment. I understand that no student or his/her family will be charged for this service.

I/we understand the completed report of physical examination will be returned to the student. It is the student's responsibility to bring the medical clearance to school.

I understand that this authorization is only for physical exam services offered on **May 21, 2016**, in Ventura, California, and this authorization is not continuing in nature. Any future exams will need to be authorized at the time of service. I understand that this consent may be revoked, restricted or revised at any time in writing by me.

Signature of Parent/Legal Guardian/Conservator: _____ **Date:** _____

Print Name: _____ Relationship to student: _____

Work phone: _____ Home Phone (if different than above): _____

Does parent/legal guardian/conservator speak English: Yes No If no, what language? _____

Signature of Student: _____ **Date:** _____