



PAZDEL CHIROPRACTIC, INC.

258 Sunset Avenue Suite I
Suisun City, CA 94585
(707) 429-4861

PAZDEL CHIROPRACTIC

Parent Consent Form

I, _____, parent or legal guardian of
(Parent/Guardian Name)

_____, born ____ / ____ / _____, do hereby
(Student Athlete Name) (Student Athlete's date of birth)

authorize a sports school physical on ____ / ____ / _____ at Pazdel Chiropractic
(date of physical)

I understand this is a pre-season sports physical screening exam. It is not a comprehensive exam and it is not intended to provide treatment nor to create a physician/patient relationship. I understand that athletic participation comes with risk and injury. This screening exam cannot detect all problems or prevent injury from athletic participation. I understand that if a follow-up evaluation is recommended, it is my responsibility to seek care from an appropriate provider.

I certify I am the parent or legal guardian for this athlete/minor. I understand the information above.

Signature of Parent/Legal Guardian

Date

(_____) _____
Parent Guardian Day Contact Number

(_____) _____
Parent/Guardian Cell Phone Number