



Prince George's County Public School "DON'T GET BENCHED" Sports Physical Initiative

Dear Parents/Guardians,

Elaine Ellis Center of Health (EECH) is providing **Sports Physicals at your child's school**. If you wish for your child to participate, *please legibly complete the following information*. Please also attach a copy of your picture identification card to further support your consent.

Child's Name: _____

Date of Birth: _____ Age: _____ Sex: ___ M ___ F

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Do we have your permission to call you? Yes ___ No ___ Text you? Yes ___ No ___ Email you? Yes ___ No ___

What school does your child attend? _____

Grade _____

Additional Information

Who is your child's Primary Care Physician? _____

Is your child on any medication(s)? Yes ___ No ___ Name of medication? _____

Does your child have allergies to any medication(s)? Yes ___ No ___ Reaction: _____

Has your child had any past medical problems? Yes ___ No ___ or Surgery? Yes ___ No ___

If yes, please explain:

Does your child have a Dentist? Yes ___ No ___ If so, when was your child last seen? _____

Does your child participate in any sports? Yes ___ No ___ Name of Sport: _____



Insurance:

Health Insurance: _____ Policy Number _____

Policy Holder: _____ My child does not have health insurance _____

I am the legal parent/guardian of the above named child and I give my consent for EECH to give my child a sports physical at school.

Further, if applicable, I give permission for EECH to mail referrals and/or prescriptions to the address provided above.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____