



**PEDIATRIC  
ASSOCIATES**

**Sports Physical Consent for Parents**

Pre-participation physical exams cannot predict or guarantee that your child will be risk free while participating in a sport. As you might expect, there is a greater chance of injury in contact and collision sports. Additionally, routine sports physicals do not reveal some cardiac anomalies. Cardiac conditions may exist despite normal screening and examination findings. Participating in a sport may cause symptoms of undiagnosed conditions to occur and may even cause serious health problems, including sudden death.

***I understand that there are potential dangers of sports participation including injury cardiac complications and other health problems that are previously undiagnosed.***

I have read and understand the above statements.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**SPORTS / CAMP PHYSICAL QUESTIONS**

**YES NO**

- |   |       |       |
|---|-------|-------|
| 1. Have you ever been hospitalized overnight?   | _____ | _____ |
| 2. Do you ever have trouble breathing or become short of breath during or after exercise?               | _____ | _____ |
| 3. Have you ever passed out, been knocked out (unconscious), or had a seizure during or after exercise? | _____ | _____ |
| 4. Have you ever had chest pain or experienced your heart skipping beats during or after exercise?      | _____ | _____ |
| 5. Has any family member or relative died of heart problems or sudden death before age 50?              | _____ | _____ |
| 6. Have you or a family member ever been told you have sickle cell disease or sickle cell trait?        | _____ | _____ |
| 7. Have you ever broken any bones or had a major joint injury?  | _____ | _____ |
| 8. Are you missing any paired organs? (Are you missing an eye, ear, lung, kidney, or testicle / ovary?) | _____ | _____ |
| 9. Has a physician ever denied or restricted your participation in sports?                              | _____ | _____ |
| 10. Do you have a chronic illness?  | _____ | _____ |

Emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Explanation of YES answers above:  
\_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_