

**PERMISSION FORM
ANNUAL SPORTS PHYSICAL FOR THE STUDENT ATHLETE**

I (We) _____, the parent(s) and/or guardian of student _____, hereby authorize on June 6, 2009 his/her participation in the Sports Physical Examination for the Student Athlete, to be held at Rockville High School on June 6, 2009.

I(We) understand that this examination is being provided by volunteer physicians, nurses, physical therapists, trainers, coaches, and lay personnel in an attempt to establish new standards for screening, as well as to give to the student a comprehensive exam specifically regarding suitability for athletic participation. This examination is **NOT** offered as a substitute for an annual pediatric or family physician's medical examination.

This examination will satisfy the requirements of the Montgomery County Public School system for student athlete participation for the 2009-1020 school year, and as such, is strictly limited to the body areas of concern. However, this examination is not sponsored by Montgomery County Public Schools.

Further, I(We) understand that no examination will be 100% accurate in detecting all abnormalities in every child, particularly regarding heart ailment or other hidden internal defects.

I(We) agree to release Rockville High School Booster Club members, nurses, physicians, parents, physical therapists, trainers, coaches and all other lay personnel and Montgomery County Public Schools from any and all financial and moral responsibility and medical liability short of gross negligence for any abnormality or disease that is later revealed by further testing or symptoms.

I(We) further absolve and release the Rockville High Booster Club nurses, physicians, parents, physical therapists, trainers, coaches and all other lay personnel and Montgomery County Public Schools from any problem resulting from my/our failure to disclose in writing any known illness, condition or previous injury of my/our child-student identified above.

I(We) also understand that it is our responsibility to bring the results and findings of the present examination to the attention of our personal or family physician so that he/she may be made part of the continuing medical regard and assist in further health care of this child.

PARENT/GUARDIAN SIGNATURE: _____

WITNESS SIGNATURE: _____