

2024 IRVING ISD MASS PHYSICALS PARENT AUTHORIZATION AND CONSENT

_____ (PRINTED NAME OF CHILD)	_____ STUDENT ID#	_____ GRADE FOR 2024-2025 SCHOOL YEAR	_____ SPORT
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Dear Parent/ Guardian,

All 2024-2025 Houston Middle School student athletes may receive a physical screening at the location, date & time below. To receive a physical screening this form must be signed to give your consent, the district field trip form must be signed and the Medical History portion must be completed & signed. All forms returned no later than Monday April 22nd. If you have any questions please contact Cassie Shoultz, IISD Coordinator of Sports Medicine at 972-600-5866 or cshoultz@irvingisd.net.

AUTHORIZATION AND CONSENT

For Physical Examination and Medical History

As a minimum requirement for participation, students wishing to participate in athletic competition sponsored by the UIL must receive a physical screening examination PRIOR to practice or competition. Parents/guardians of such children must provide the child’s relevant medical history. These medical examinations are to be performed by licensed medical providers on behalf of Irving ISD Sports Medicine.

Ellis Davis Field House-Dallas, TX
2024-2025 STUDENT ATHLETES
May 3, 2024
11am-1pm

Therefore, I _____, as the parent/guardian of the child named above do hereby consent and authorize the physical examination of my child for the purpose of my child’s participation in UIL Athletics. I also ensure that all Medical History information is an accurate and true representation of my child’s health information.

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)

Therefore, I _____, as the above mentioned student athlete, do hereby ensure that all Medical History information is an accurate and true representation of my health information.

(SIGNATURE OF STUDENT)

(DATE)